

APPENDIX B

ROCKTON POLICE PENSION FUND
TRAVEL REIMBURSEMENT FORM

Name: _____

Position with Pension Fund: _____

Amount of Travel/Training Expense: _____

Explanation of Purpose of Expense:

If driving personal vehicle, distance traveled for reimbursement: _____ miles

Date of Expense: _____

Copies of receipts attached: YES NO

If "NO," please provide explanation:

Date Remitted to Pension Board: _____