

Municipal Accountability Review Board (MARB)
Request for Mileage Reimbursement (see Note 1)
Statutory Authority: C.G.S. §7-576d(a)

Date: _____
MARB Member Name: _____
Last Four Digits of SSN: _____
Address: _____
Address: _____
City: _____
State: _____
Zip Code: _____

Travel Date	Purpose of Travel	Number of Miles	Rate \$ (2024)	Total
			\$ 0.670	0.00
			\$ 0.670	0.00
Total Mileage Reimbursement:				0.00

For Business Office Use Only

Fund	Department	SID	Program	Account	Project
11000	OPM20900	10020	13007	51800	OPM0000000011112

Note 1:

- This form is for use by MARB members who are not state employees
- Attach the following completed forms with your first request for reimbursement:

[Agency Vendor Form](#)
[W-9 form](#)