ABATE of INDIANA, Inc
PO Box 665, 51 N Baldwin St, Bargersville, Indiana 46106
800-232-2283 / 317-422-8040 / Fax 317-422-8373

Expense Reimbursement Request 2019

Date _____ Signature of officer _____

Officer Mailing Address, City & Zip _____

Expense:			Amount
Mileage:	_____ Total Miles	0.58	_____
Lodging			_____
Meals			_____
Postage			_____
Supplies			_____
Other			_____
TOTAL ALL CATEGORIES			_____

Please attach all orignal receipts/invocies

Notes/Clarification: _____

			Odometer Readings		
Date	Destination (City,Town,Area)	Business Purpose	Start	Stop	Miles this Trip

Please round to the nearest whole mile. Submit expense reports on a calendar monthly basis within two weeks after the end of the month.