

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 2021

Date Signature of officer

Officer Mailing Address, City & Zip

Expense:			Amount
Mileage:	0	0.56	\$0.00
	<u>Total Miles</u>		<u> </u>
Lodging			<u> </u>
Meals			<u> </u>
Postage			<u> </u>
Supplies			<u> </u>
Other			<u> </u>
TOTAL ALL CATEGORIES			<u> </u>

Please attach all original receipts/invoices

Notes/Clarification: _____

Date	Destination (City,Town,Area)	Business Purpose	Odometer Readings		
			Start	Stop	Miles this Trip
					0

Please round to the nearest whole mile. Submit expense reports on a calendar monthly basis within 2 weeks after the end of the month.