

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 2022**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of officer \_\_\_\_\_

Officer Mailing Address, City & Zip \_\_\_\_\_

Expense:		Amount	
Mileage:	0.585		
	_____ Total Miles		
Lodging			
Meals			
Postage			
Supplies			
Other			
TOTAL ALL CATEGORIES			

Please attach all original receipts/invoices

Notes/Clarification: \_\_\_\_\_

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

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