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 2024

Date	Signature of officer
Officer Mailing Address, City & Zip	

Expense:				Amount
Mileage:	0	0.67	$0.5750	$0.00
	Total Miles			
Lodging				
Meals				
Postage				
Supplies				
Other				
TOTAL ALL CATEGORIES				

Please attach all orignal receipts/invocies

Notes/Clarification: _____

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