

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 2026**

Date

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**Signatū**

**Officer Mailing Address, City & Zip**

Expense:	Amount
Mileage:	0.725
<hr/>	<hr/>
Total Miles	

## Lodging

## Meals

Postage

## Supplies

## Other

#### TOTAL ALL CATEGORIES

Please attach all original receipts/invoices

Notes/Clarification:

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