



ABATE OF INDIANA, INCORPORATED
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Expense Reimbursement Request

Date _____

Officer _____ Signature of Officer _____

EXPENSE:	UNIT PRICE	TOTAL PRICE
Mileage _____ (total miles)	\$0.485	_____
Less gasoline purchased	_____	_____
Room	_____	_____
Meals	_____	_____
Postage	_____	_____
Telephone	_____	_____
Equipment	_____	_____
Supplies	_____	_____
Other	_____	_____

TOTAL ALL CATEGORIES _____

Please attach all original receipts/invoices.

Comments/Clarification:

Paid _____ Check # _____

