Archdiocese of Indianapolis - Mileage Addendum

Employee Name:									
Date of Travel	Description of Tra	ave	l Purpose		Е	ligible M Travele		used in p	t (if applicable, is not processing expense mbursement)
			Total	Mile	S				per in Box (14) of the pursement Request Form
Instructions:									
Mileage Addendum mus	t be submitted with the Archdiocese of								
	Expense Reimbursement Request Form	wi	th the total mi	les entei	red on	the Expe	nse R	eimburseme	nt Request Form in
Box (14). Example:									
Example.						Eı	iter th	is number in	Box (14) of the
			Total Mil	es					nent Request Form
Rate:	MILEAGE : \$ 0.41	EX /n	PENSE INFO	RMATI	ON				
	¥ V.11	T							(17) Is cost attributable
(12) Date of			(14) Eligible	(15) 4	ccour	t Dietrike	tier	(16)	to a specific Project? (Charities and Fatima
Travel				(XXX	(XXX-XXX-XXX-59610) Amou				only) If so, complete section 18 below.
See attached	See attached See attached 120					123-456-789-59610			No ·