MDEA Expense Reimbursement Request

Name _____

Mailing Address _____

City, State ZIP _____

Email address _____

Purpose of Expense: _____

Non-Mileage Expenses:

Date	Nature of Expense	Amount

Total:

Mileage

Destination: _____

Number of Miles Driven: _____

To determine the reimbursement rate, please access the IRS Website at

https://www.irs.gov/tax-professionals/standard-mileage-rates

Reimbursement Rate: _____

Total Mileage Reimbursement requested:
(number of miles driven x reimbursement rate):

$+$

Total Reimbursement Requested: