

## Transgender Michigan Expense Reimbursement Request

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for expense:

Mileage Expense Calculation			
Date	From	To	Miles
Total miles:			
Rate (\$.14 for volunteers, \$.555 for employees*)/mile:			x
*or current IRS rate			
Total mileage expense:			

Other Expenses:	\$
Total reimbursement requested:	
Signature: _____	

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Approved by: \_\_\_\_\_