# Abington Presbyterian Church

## 2020 Mileage Reimbursement Form

**Employee/Requester Name:** _____ **For Month and Year:** _____

**This form is for mileage only! Tolls must be detailed on Reimbursement Form.**

☐ APC ☐ APNS ☐ APC-PG

| Day | Date (mo/day/yr) | Starting Location | Destination | Purpose of Travel | Miles Traveled |
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**Total Miles:** 0

**2020 IRS/APC Approved Mileage Rate** $ 0.575 = $0.00

**Total Requested Reimbursement**

***Area/Committee:*** _____ **Account/GL #** _____

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***I certify that I provided this transportation.***

_____ _____

**Signature of Vehicle Owner seeking "mileage reimbursement"** **Date**