



MILEAGE REIMBURSEMENT REQUEST

NAME:		D/L:	
MEMBER:		CLAIM NO:	

DATE OF TRAVEL	PROVIDER NAME	ADDRESS	MILES ROUND TRIP

Please Return to:

INDIANA PUBLIC EMPLOYERS PLAN (IPEP)
1320 City Center Drive, Suite 325
Carmel, IN 46032
PH: 765-457-9161
FAX: 765-868-3310