



### MILEAGE REIMBURSEMENT REQUEST

<b>NAME:</b>		<b>D/L:</b>	
<b>MEMBER:</b>		<b>CLAIM NO:</b>	

<b>DATE OF TRAVEL</b>	<b>PROVIDER NAME</b>	<b>ADDRESS</b>	<b>MILES ROUND TRIP</b>

Please email to:  
ipepclaims@ipep.com  
INDIANA PUBLIC EMPLOYERS PLAN (IPEP)  
PH: 765-457-9161  
FAX: 765-868-3310