



**Claim Form  
Council Mileage Expense**

Name: \_\_\_\_\_

Street/Office: \_\_\_\_\_

Institution: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Car Mileage (\$.485/ mile (IRS - 2007)) \_\_\_\_\_ miles = \_\_\_\_\_

**Return to: Mike Szymczuk, IEREA Treasurer  
P.O. Box 13051  
Des Moines, IA 50310**