

Friends Community Center



A Division of Friends Research Institute, Inc.

LOCAL TRAVEL – MILEAGE REIMBURSEMENT

PAYEE:

MONTH/YEAR:

ACCOUNT#

ADDRESS:

CITY:

ST:

ZIP:

DATE	DESTINATION		TRIP MILES	MILEAGE-RELATED EXPENSES*	AMOUNT
	FROM	TO			
TOTAL MILES :			@ \$0.53 PER MILE	\$	TOTAL MILEAGE-RELATED EXPENSES
				\$	\$

Page 1 of 1 Page Total \$ _____

IF MULTIPLE PAGES, WRITE TOTAL EXPENSE REIMBURSEMENT ON THE LAST PAGE: \$ _____

SIGNATURE OF PAYEE

PRINCIPAL INVESTIGATOR OR REPRESENTATIVE

*Supporting documents for "Mileage-Related Expenses" should be attached to upper left corner on the back.