Friends Research Institute, Inc.
17215 Studebaker Road, Suite 380
Cerritos, CA 90703
(562) 924-2872 FAX (562) 860-8163

LOCAL TRAVEL - MILEAGE REIMBURSEMENT

PAYEE: _____ DATE(S) OF TRAVEL: _____

HOME ADDRESS: _____ CITY _____ ST _____ ZIP _____

LOCATION: _____ ACCOUNT #: _____

DAY	DATE	TOTAL MILES	DESTINATION FROM	DESTINATION TO	BEGINNING METER READING	ENDING METER READING

TOTAL MILES = _____

TOTAL MILES x 54.5 CENTS PER MILE $ _____

ADDITIONAL TRAVEL EXPENSE:

Certified just and correct. Payment not previously received.

Supporting documents for these expenses should be attached to upper left corner on the back (parking, tolls, etc.) $ _____

_____
SIGNATURE OF PAYEE

TOTAL AMOUNT DUE $ _____

APPROVED BY:

_____
PRINCIPAL INVESTIGATOR OR REPRESENTATIVE

*** PLEASE FILL OUT FORM COMPLETELY ***