



Friends Research Institute, Inc.
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Cerritos, CA 90703
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LOCAL TRAVEL - MILEAGE REIMBURSEMENT

PAYEE: _____ DATE(S) OF TRAVEL: _____

HOME ADDRESS: _____ CITY _____ ST _____ ZIP _____

LOCATION: _____ ACCOUNT #: _____

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

TOTAL MILES = _____ TOTAL MILES x 58 CENTS PER MILE \$ _____

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

Certified just and correct. Payment not previously received.

 SIGNATURE OF PAYEE

TOTAL AMOUNT DUE \$ _____

APPROVED BY:

 PRINCIPAL INVESTIGATOR OR REPRESENTATIVE

*** PLEASE FILL OUT FORM COMPLETELY ***