



**Friends Research Institute, Inc.**  
**1040 Park Avenue, Suite 103**  
**Baltimore, MD 21201**  
**(410) 837-3977 FAX (410) 752-4218**

**LOCAL TRAVEL - MILEAGE REIMBURSEMENT**

PAYEE: \_\_\_\_\_ DATE(S) OF TRAVEL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LOCATION: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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

TOTAL MILES = \_\_\_\_\_ TOTAL MILES x 58 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 \*\*\*