Friends Community Center

A Division of Friends Research Institute, Inc.

LOCAL TRAVEL – MILEAGE REIMBURSEMENT

PAYEE: ____________________ MONTH/YEAR: ____________________ ACCOUNT#: ____________________

ADDRESS: ____________________ CITY / STATE: ____________________ ZIP CODE: ____________________

PROGRAM NAME	DATE	DAY	DESTINATION FROM	DESTINATION TO	TRIP MILES	PARKING/PUBLIC TRANSPORTATION DESCRIPTION	AMOUNT
	Mileage rate : $0.55 Per Mil			Total Trip Miles	0	Total Parking Expenses	$ -

Total Mileage Expense $ -

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 “Parking Expenses” should be attached to upper left corner on the back. Revised June 2019