



# FRIENDS RESEARCH INSTITUTE, INC.

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## MILEAGE REIMBURSEMENT

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

HOME ADDRESS: \_\_\_\_\_ PROJECT NUMBER: \_\_\_\_\_

Date	Total Miles	Destination	
		From	To

TOTAL MILES = \_\_\_\_\_

TOTAL MILES x 57.5 CENTS PER MILE \$ \_\_\_\_\_

**ADDITIONAL TRAVEL EXPENSES:**

***\*Please attach all receipts and supporting documents.***

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

TOTAL AMOUNT DUE \$ \_\_\_\_\_

**APPROVED BY:**

Certified just and correct.  
 Payment not previously received.

\_\_\_\_\_  
 Principal Investigator or Representative

\_\_\_\_\_  
 Signature of Payee