



**FRIENDS RESEARCH INSTITUTE, INC.**

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Phone 410-837-3977 Fax 410-752-4218

**TRAVEL REIMBURSEMENT**

PAYEE: \_\_\_\_\_

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

HOME ADDRESS: \_\_\_\_\_

PROJECT TO BE CHARGED: \_\_\_\_\_

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
DATE								
HOTEL ROOM								
BREAKFAST								
LUNCH								
DINNER								
TELEPHONE								
TAXI OR BUS								
PLANE FARE								
MILEAGE								
PARKING								
TOLLS								
MISC. (SPECIFY)								
TOTAL								

Total Expenses: \$ \_\_\_\_\_

Less: Advance (If Any): \$ \_\_\_\_\_

Balance Due (You): \$ \_\_\_\_\_

Overpayment (Us): \$ \_\_\_\_\_

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

**APPROVED BY:**

Certified just and correct.  
Payment not previously received.

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

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