FRIENDS RESEARCH INSTITUTE, INC.
1040 Park Avenue, Suite 103
Baltimore, MD 21201
Phone 410-837-3977 Fax 410-752-4218

MILEAGE REIMBURSEMENT

PAYEE: _____ DATE(S) OF TRAVEL: _____

HOME ADDRESS: _____ PROJECT NUMBER: _____

Date	Total Miles	Destination	
		From	To

TOTAL MILES = _____

TOTAL MILES x 56 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:

_____
Principal Investigator or Representative

Certified just and correct.
Payment not previously received.

_____
Signature of Payee