**FRIENDS RESEARCH INSTITUTE, INC.**
*17215 Studebaker Road, Suite 380*
*Cerritos, CA 90703*
*Phone 562-924-2872 Fax 562-860-8163*

# MILEAGE REIMBURSEMENT

PAYEE: _____ DATE(S) OF TRAVEL: _____

HOME ADDRESS: _____ PROJECT NUMBER: _____

| Date | Total Miles | Destination | |
|---|---|---|---|
| | | From | To |
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TOTAL MILES = _____

TOTAL MILES x 58.5 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:**

_____
Principal Investigator or Representative

Certified just and correct.
Payment not previously received.

_____
Signature of Payee