



**FRIENDS RESEARCH INSTITUTE, INC.**

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**REIMBURSEMENT FORM**

DATE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

CHARGE TO PROJECT #: \_\_\_\_\_

REIMBURSEMENT FOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAYEE'S SIGNATURE: \_\_\_\_\_

PAYEE (PLEASE PRINT): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_ (Principal Investigator or Representative)