



FRIENDS RESEARCH INSTITUTE, INC.

17316 Edwards Road, Suite B140
Cerritos, CA 90703

MILEAGE REIMBURSEMENT

PAYEE: _____ DATE(S) OF TRAVEL: _____

HOME ADDRESS: _____ PROJECT NUMBER: _____

Date	Total Miles	Destination	
		From	To

TOTAL MILES = _____

TOTAL MILES x 67 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