



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 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