

A Division of Friends Research Institute, Inc.

## **LOCAL TRAVEL – MILEAGE REIMBURSEMENT**

PAYEE:			MONTH/YEAR:		ACCOUNT#	
ADDRESS:			CITY:		ST: ZIP:	
DATE	DESTII FROM	NATION	ТО	TRIP MILES	MILEAGE-RELATED EXPENSES*	AMOUNT
	TOTA	L MILES:	@ \$0.53 PER MILE	\$	TOTAL MILEAGE- RELATED EXPENSES	\$
			F	Page <u>1</u> of <u>1</u>	Page Total \$_	
F MULT	IPLE PAGES, WRITE TOTA	AL EXPEN	ISE REIMBURSE	MENT ON	THE LAST PAGE: <u>\$</u>	
IGNATUR	E OF PAYEE		PRINCIPA	AL INVESTIGA	TOR OR REPRESENTATI	VE

<sup>\*</sup>Supporting documents for "Mileage-Related Expenses" should be attached to upper left corner on the back.