South Florida VA Foundation for Research & Education, Inc.

1201 N.W. 16th Street, Room # 2A103, Miami, Florida 33125
Phone: (305) 575-3179; Fax: (305) 575-3126

REQUEST FOR MILEAGE REIMBURSEMENT

NAME OF PERSON REQUESTING REIMBURSEMENT				MONTH/YR	DATE

ADDRESS (FOR MAILING)	CITY	STATE	ZIP	PROJECT ACCOUNT

DATE	TRAVEL FROM	DESTINATION	PURPOSE OF TRIP	MILES (ROUNDED)	RATE-Cents	TRIP TOTAL
					55.5	
			TOTAL:	0	TOTAL:	

I CERTIFY THAT:

1) The mileage as stated above is true and accurate and includes only trips made during the working day in the performance of assigned duties.

2) I carry a bodily injury liability Automobile insurance.

3) I have a valid FLORIDA Driver's License.

REQUESTOR'S SIGNATURE

APPROVALS FOR REIMBURSEMENT

FOR PROJECT

PRINCIPAL INVESTIGATOR'S SIGNATURE DATE:

FOR SFVAFRE ACCOUNTS PAYABLE

CONTROLLER/EXECUTIVE DIRECTOR'S SIGNATURE DATE: