Midwest Veterans' Biomedical Research Foundation
Smart I Accessible I Evolving

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REQUEST FOR MILEAGE REIMBURSEMENT

NAME OF PERSON REQUESTING REIMBURSEMENT	MONTH/YR	DATE

ADDRESS (FOR MAILING)	CITY	STATE	ZIP	PROJECT ACCOUNT
		Please enter Mileage Rate:		

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

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 KANSAS Driver's License.

REQUESTOR'S SIGNATURE

APPROVALS FOR REIMBURSEMENT

FOR PROJECT

PRINCIPAL INVESTIGATOR'S SIGNATURE: DATE:

FOR SFVAFRE ACCOUNTS PAYABLE

EXECUTIVE DIRECTOR OR DESIGNEE: DATE:

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