



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

## REQUEST FOR MILEAGE REIMBURSEMENT

<b>NAME OF PERSON REQUESTING REIMBURSEMENT</b>		<b>MONTH/YR</b>		<b>DATE</b>				
<b>ADDRESS (FOR MAILING)</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PROJECT ACCOUNT</b>			
<b>DATE</b>	<b>TRAVEL FROM</b>	<b>DESTINATION</b>	<b>PURPOSE OF TRIP</b>		<b>MILES (ROUNDED)</b>	<b>RATE</b>	<b>TRIP TOTAL</b>	
						<b>0.500</b>	<b>0.00</b>	
					<b>TOTAL:</b>	<b>0</b>	<b>TOTAL:</b>	<b>0.00</b>

**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: