



South Florida Veterans Affairs
 Foundation for Research and Education, Inc.
www.sfvafre.org

1201 NW 16 STREET MIAMI, FL 33125 PHONE (305) 575-7000 X 4495 FAX: (305) 575-3126

REQUEST FOR MILEAGE REIMBURSEMENT

NAME OF PERSON REQUESTING REIMBURSEMENT	MONTH/YR	DATE

		Please enter Mileage Rate:				
ADDRESS (FOR MAILING)	CITY	STATE	ZIP	PROJECT ACCOUNT		
DATE	TRAVEL FROM	DESTINATION	PURPOSE OF TRIP	MILES (ROUNDED)	RATE	TRIP TOTAL
				TOTAL:	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

EXECUTIVE DIRECTOR OR DESIGNEE: _____ DATE: _____