

Subject Mileage Reimbursement Request

Name of Participant: _____

Address: _____

_____ # of Miles @ _____ cents per mile.
Amount to be paid: _____

Please indicate appropriate distribution of payment:

- _____ Mail to home address
- _____ Will be picked up from Research Office
- _____ Forward to Investigator's Office

Please reimburse the research participant as indicated, for participation in an approved research study. Participation will directly or indirectly support research.

Signature of Principal Investigator/Designee

Date

Indicate IMR account: _____