



Loma Linda Veterans Association for Research

PO Box 1280, Redlands, CA 92373-0421

909.583.6250; 909.801.5190 Fax

accountspayable@llvare.org

Participant Study Visit or Participant Mileage Reimbursement

Participant signature is required on this form. Please print form and have participant sign. Form can then be scanned and sent to LLVARE at accountspayable@llvare.org

Date _____ Authorized By _____
 Title _____

Project Information

LLVARE Project Number _____
 P.I. Name _____
 Department _____

Payee Information

Name _____
 Address _____
 City _____
 State _____
 Zip _____
 New Address (Yes/No) _____
 Social Security Number (Required) _____

Description of Visit

Date of Visit	Visit Description	Amount

Mileage Calculation (LLVARE's current mileage reimbursement rate is up to \$0.585)

Date of Visit	Visit Description	Number of Miles	Mileage Rate	Amount

Signature (Participant Signature is required)

Signature: _____ Date: _____
 Printed Name: _____

LLVARE office use only:	
Purchasing:	Mileage Verified:
AP:	
Scanned:	Approved: