



# Payments

## Reimbursement Request for Mileage

### Study Coordinator Instructions:

- 1) Download form, save as PDF, and then complete.
- 2) Attach completed form in Forte Payments.

### Financial Reviewer Instructions:

- 1) This PDF must be attached to an email and sent to [ap\\_participant\\_reimb@mcw.edu](mailto:ap_participant_reimb@mcw.edu). Include the Protocol No. and Participant Name in the email.

Participant Name

Protocol No.

From (city/location):

To (city/location):

Date of visit:

Estimate of miles (round-trip)

Mileage Rate (per mile)

Mileage Subtotal

Other (Flat Rate Travel)

**Total**

-----A/P Purposes Only-----