BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO

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MILEAGE EXPENSE RECORD

DATE: _____ BRINM Account #: _____

NAME: _____ Contract Information: _____

Date of Travel	Purpose of Trip/Beginning Odometer Reading/ Ending Odometer Reading	Total Miles	Allowance/Miles ($0.585 per mile)	Total Expenses

Principal Investigator: _____ Date: _____