

Community Research Council (CRC) Meeting Roster and Mileage Request

****Please sign in even if no reimbursement is requested****

[STUDY NAME]

Coordinator Name: _____

Meeting Date/Time: _____

Meeting Location: _____

Did you have a meal at your meeting? YES NO
(circle one)

Meeting Attendees (Please Print)	Honorarium Requested? (Yes/No)	Mileage Start: (Home)	Mileage End: (Meeting Location)	Total Roundtrip Mileage:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

CRC Coordinator: Please return this sign in (with meeting minutes) for payment processing ASAP to study coordinator by email (_____) or Fax (_____).

You can reach the study coordinator by phone at: _____.