



# Mileage Reimbursement Request

Date	To/From – Purpose of Trip	Miles*	Rate**	Total \$
<b>Total Amount Due</b>				

\*All trips over 50 miles must be accompanied by an internet mileage report.  
 \*\*For reimbursement rate, see IRS Standard Mileage Rate. The mileage reimbursement rate for 2017 is \$0.535 per mile.

Please issue the check to \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Incomplete forms will not be processed and will be returned to the beneficiary.**

*(Beneficiary is the person for whose benefit the trust has been established.)*

\_\_\_\_\_  
 Name of Beneficiary (please print) Date

\_\_\_\_\_  
 Signature of Beneficiary/POA/Guardian/Designee Date

Mail, fax or email this completed form to:  
 8417 Santa Fe Drive | Suite 107 | Overland Park, KS 66212  
 Fax: 913.648.0057 Email: info@arcare.org



*For internal use only.*  
 Approved by \_\_\_\_\_ Date \_\_\_\_\_ Rev. 1/17