



# 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 2015 is \$0.575 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)

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

\_\_\_\_\_  
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](mailto:info@arcare.org)



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*For internal use only.*

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Rev. 2/15