Mileage Reimbursement Request

Date	To/From – Purpose of Trip	Miles*	Rate**	Total $
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
			$ 0.655	$0.00
				Total Amount Due	$0.00

**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 2023 is $0.655 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:
PO Box 12890 | Overland Park, KS 66282
Fax: 913.648.0057 Email: info@arcare.org

arcare
Planning today for your loved one's tomorrow

For internal use only.

Approved by _____ Date _____ *Rev. 1/23*