



Mileage Reimbursement Request

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

*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 2026 is \$0.725 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. 01/25