

# Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

## TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: [email@GoodShepherdFund.org](mailto:email@GoodShepherdFund.org)

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 833-403-1198

## MILEAGE REIMBURSEMENT

DATE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

BENEFICIARY (please print name): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE (Beneficiary, POA, or Guardian): \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIL CHECK TO (if different than payee): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE	TO/FROM: PURPOSE OF TRIP	MILES *	RATE <i>(in accordance with IRS)</i>	TOTAL \$
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
<b><u>TOTAL:</u></b>			\$0.575	

**\*ALL TRIPS OVER 50 MILES MUST INCLUDE AN INTERNET MILEAGE REPORT**

Additional Information: \_\_\_\_\_

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.  
FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

**GOODSHEPHERDFUND.ORG**