Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM
FAX: 215-358-2291
EMAIL: email@GoodShepherdFund.org
MAIL: 10439 S 51st Street 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 *(in accordance with IRS)*	TOTAL $
			$0.725	
			$0.725	
			$0.725	
			$0.725	
			$0.725	
			$0.725	
			$0.725	
			$0.725	
			$0.725	
			$0.725	
	TOTAL:		$0.725	

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

Additional Information: _____

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