



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 <small>(in accordance with IRS)</small>	TOTAL \$
			\$0.725	
			\$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