



**TO SUBMIT YOUR REQUEST**

**FAX:** 215-358-2291

**EMAIL:** [disbursements@SecuredFutures.org](mailto:disbursements@SecuredFutures.org)

**MAIL:** Secured Futures Processing Center  
PO Box 51600 · Phoenix, AZ 85076

## MILEAGE REIMBURSEMENT

**DATE** \_\_\_\_\_ **Secured Futures Account Number** \_\_\_\_\_

**BENEFICIARY (PLEASE PRINT)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**SIGNATURE of Beneficiary | POA | 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 \$
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
			\$0.545	
<b>Totals &gt;&gt;&gt;</b>			\$0.545	

***\* All trips over 50 miles must be accompanied by an internet mileage report.***

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

**Please allow 5-8 business days for processing. Incomplete forms will be returned to the beneficiary.**

YOU MAY MAKE COPIES OF THIS FORM OR DOWNLOAD FROM OUR WEBSITE: [www.SecuredFutures.org/forms](http://www.SecuredFutures.org/forms)

[www.SecuredFutures.org](http://www.SecuredFutures.org) | Phone: 1-602-635-6674

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