

GUARDIAN COMMUNITY TRUST, INC.

ONE ELM SQUARE, SUITE 2D

ANDOVER, MA 01810

Request for Reimbursement or Request to Pay a Credit Card

Beneficiary: _____

Requesting Party: **Name:** _____

Address: _____

Phone: _____

Relationship to Beneficiary: _____

Credit Card Information: **Name of Credit Card Co.:** _____

(if applicable) **Name of Card Holder:** _____

Account No.: _____

Statement Due Date: _____

Please indicate whether request is for (check one):

Payment of Credit Card; or

Reimbursement to Requesting Party.

(Please note this form is required for reimbursement to the requesting party or for payment of a credit card.

No form is required when requesting payment to a vendor.)

Please detail expense items and attach relevant documentation, including full credit card statement and receipts.

Expense Item(s)	Amount
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____

TOTAL REQUESTED PAYMENT _____ \$ _____

I certify that all expense items presented above were purchased for and provided to/for the Beneficiary. I further certify that all information presented above is accurate, and agree to indemnify Guardian Community Trust, Inc. for any liability arising from any misstatement herein including, without limitation, legal fees.

Signature of Requesting Party

Date

Please complete this form and send together with any relevant documentation to the address above. For assistance with this form, please call 978-775-3500.