

GUARDIAN COMMUNITY TRUST, INC.
ONE ELM SQUARE, SUITE 2D
ANDOVER, MA 01810

Mileage Reimbursement Request Form

Beneficiary: _____

Requesting party: Name: _____

Address: _____

Phone: _____

Relationship to Beneficiary: _____

Please identify and attach relevant documentation for transportation of/for the Beneficiary.

▶ **Travel Date:** _____ **Purpose of Travel:** _____

From (address): _____ **To (address):** _____

| | |
|--------------------------------|--|
| <i>For Trustee's Use Only:</i> | Total Mileage _____ x IRS Rate _____ = Total _____ |
|--------------------------------|--|

▶ **Travel Date:** _____ **Purpose of Travel:** _____

From (address): _____ **To (address):** _____

| | |
|--------------------------------|--|
| <i>For Trustee's Use Only:</i> | Total Mileage _____ x IRS Rate _____ = Total _____ |
|--------------------------------|--|

▶ **Travel Date:** _____ **Purpose of Travel:** _____

From (address): _____ **To (address):** _____

| | |
|--------------------------------|--|
| <i>For Trustee's Use Only:</i> | Total Mileage _____ x IRS Rate _____ = Total _____ |
|--------------------------------|--|

▶ **Travel Date:** _____ **Purpose of Travel:** _____

From (address): _____ **To (address):** _____

| | |
|--------------------------------|--|
| <i>For Trustee's Use Only:</i> | Total Mileage _____ x IRS Rate _____ = Total _____ |
|--------------------------------|--|

For Trustee's Use Only: **TOTAL** _____

I certify that all travel presented above was of/for the Beneficiary. I further certify that all information that I have 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.