

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

Travel Reimbursement Request Form

Beneficiary: _____

Requesting party: Name: _____

Address: _____

Phone: _____

Relationship to Beneficiary: _____

Travel Date(s): _____

	Expense Item(s)	Rate (if applicable)	Amount
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
▶	_____	_____	_____
	TOTAL		\$ _____

I certify that all information presented above is accurate, and agree to indemnify Guardian Community Trust, as Trustee for any liability arising from any misstatement herein including, without limitation, legal fees.

Signature

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.

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

Travel Reimbursement Request Form

Please use the table, below, to show the amount of time, after arrival but before departure, that you spent directly visiting or assisting the Beneficiary each day of your trip:

Date	Hours Visiting Beneficiary	Other Hours (Errands or Services Providing Direct Benefit)		%
		Hours	Description	
Average Percentage Spent With or Providing Direct Services for the Beneficiary:				

I certify that all information presented above is accurate, and agree to indemnify Guardian Community Trust, as Trustee for any liability arising from any misstatement herein including, without limitation, legal fees.

Signature

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.