



Mileage Form

This form must be submitted along with a Payment Request Form that has been completed and signed by the Advocate.

Name of Beneficiary: _____ **Account Number:** _____

Submitted by: _____ **Relationship to Beneficiary:** _____

Date	From: (Address)	To: (Address)	# of Miles	Reason for Travel

Mileage is paid using the current IRS mileage payment rate.
 All trips over 50 miles must be accompanied by an internet mileage report.
 Payment is calculated on information corroborated on the internet.

Total Miles:

Signature: _____ **Date:** _____