



# Secured Futures

A SECURED ALLIANCE AFFILIATE

## TO SUBMIT THIS FORM

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PHONE: 877-734-8880

## 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 \$
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
			\$0.575	
<b>Totals &gt;&gt;&gt;</b>			\$0.575	

**\* All trips over 50 miles must include an internet mileage report.**

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

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

Forms are available on our website: [www.SecuredFutures.org/document-library](http://www.SecuredFutures.org/document-library)

[www.SecuredFutures.org](http://www.SecuredFutures.org)

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