achieva
Family Trust

Rev: 8/20

Mileage Form

Name of Beneficiary: _____ **Date:** _____

Amount Requested: $_____ **Trust Administrator (if known):**_____

Date	Destination/Purpose	Mileage	Rate	Total
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
	Total Miles		**Total $**	

Check <u>Payable</u> to (name and address):

_____

_____

_____

<u>Mail</u> Check to (name and address):

_____

_____

_____

If same as <u>Payable</u> Address, check here: ☐

Submitted By: _____ _____
(Print) (Signature)

Relationship to Beneficiary: _____ **Phone:** _____

INTERNAL OFFICE USE ONLY

	Transaction		APPROVAL
A. ACCOUNT #			
B. PAYEE #			
C. TRANSACTION CODE			
D. TAX INTERFACE			

Achieva Family Trust
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Additional forms available at achievafamilytrust.org