



Secured Futures

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredAlliance.org

MAIL: 9633 S. 48th St. Ste. 290 · Phoenix, AZ 85044

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	
Totals >>>			\$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

www.SecuredFutures.org

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