## **Mileage Form**

Ardent Community Trust of Pennsylvania

Name of Beneficiary:\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_

## Amount Requested: Trust Administrator (if known):

Date	Destination/Purpose	Mileage	Rate	Total
I	Total Miles		Total \$	

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

Mail Check to (name and address):

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

Submitted By:

(Print)

(Signature)

Relationship to Beneficiary:

Phone:

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

INTERNAL OFFFICE USE ONLY

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