



# Mileage Form

Please complete this form and return to Anchor for Special Needs, Inc. for review and approval.

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

Date	From: (Address)	To: (Address)	# of Miles	Reason for Travel
	Odometer Start Reading:	Odometer End Reading:		
	Odometer Start Reading:	Odometer End Reading:		
	Odometer Start Reading:	Odometer End Reading:		
	Odometer Start Reading:	Odometer End Reading:		
	Odometer Start Reading:	Odometer End Reading:		
	Odometer Start Reading:	Odometer End Reading:		

Mileage is paid using the current IRS mileage payment rate.  
Payment is calculated on information corroborated on the internet.

**Total Miles:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Incomplete forms will be returned to the beneficiary.**

**FAX, EMAIL OR MAIL YOUR REQUEST**

**FAX:** 1-267-740-3000 | **PHONE:** 1-844-526-2467 | **EMAIL:** [info@anchorfsn.org](mailto:info@anchorfsn.org)

**MAIL:** Anchor for Special Needs, Inc. | 159 North 3<sup>rd</sup> Street Suite B, Rogers City, MI 49779

**YOU MAY MAKE COPIES OF THIS FORM OR DOWNLOAD IT FROM OUR WEBSITE [www.anchorfsn.org](http://www.anchorfsn.org).**

*For internal use only.*

Approved by \_\_\_\_\_ Date \_\_\_\_\_ *Rev. 03/07/2018*