

Request for Funds Form
Travel Expenses



Beneficiary Information

Name of beneficiary: _____ Account #: _____
 Address: _____
 Travelling to: _____
 For the purpose of: _____
 Dates of travel: _____ to _____

Type of Expense	Estimated Cost ¹	Explanation/Detail
Beneficiary Transportation Expenses		
Airfare:	\$ _____	
Rental Car:	\$ _____	
Mileage:	\$ _____	
Bus Fare:	\$ _____	
Total Transportation Expenses Requested:	\$ _____	
Beneficiary Lodging Expense		
Hotel Costs per night:	\$ _____	
Number of nights:	_____	
Total Lodging Expenses Requested:	\$ _____	
Beneficiary Food Expense	\$ _____	
Beneficiary Entertainment Expenses		
Tickets for _____	\$ _____	
Tickets for _____	\$ _____	
Tickets for _____	\$ _____	
Total Entertainment Expenses Requested:	\$ _____	
Companion or Family Member Travel Expenses		
Transportation	\$ _____	
Lodging	\$ _____	
Food	\$ _____	
Entertainment	\$ _____	
Total Amount Requested:	\$ _____	

Payment to: _____

Mail Check To:

Name:		
Street:	Apt #:	
City:	State:	Zip:

Signature _____

Date ____ / ____ / ____

Relationship to Beneficiary _____

Phone _____

Email _____

Please submit the request with required documentation to MSNT

	PO Box 7629 Columbia, MO 65205		mftbt@midwestspecialneedstrust.org		1 573-303-5866
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¹ Estimates documenting expenses must be attached for review such as rate information for the hotel, airfare or admission fee.