

TO SUBMIT THIS FORM
E-Mail: Trust@thearcoftexas.org
FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100
Austin, Texas 78754



TRAVEL REQUEST FORM

MUST BE SUBMITTED 30 DAYS IN ADVANCE OF TRAVEL DATE

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply):	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____

Travel expenses may be paid by the sub-account if the travel falls within the guidelines set out by the Social Security Administration. The travel must be approved in advance for payment to be made, before or after travel, from the sub-account. This form must be completed and submitted to The Arc of Texas Master Pooled Trust a **MINIMUM of 30 DAYS PRIOR** to the desired travel date(s). **RECEIPTS MUST BE PROVIDED AFTER TRAVEL IS COMPLETE.**

DATES & DESTINATIONS OF TRAVEL

Departure Date: _____ Return Date: _____
From: _____ To: _____
Will there be multiple destinations? Yes No | If yes, list destinations: _____
Does the Beneficiary travel with an aide? Yes No | If yes, Name: _____
List the type of medical equipment, if any, required by the Beneficiary while traveling: _____

TRANSPORTATION (choose all that apply)

<input type="checkbox"/> AIR	Confirmation #: _____	<input type="checkbox"/> BUS	Confirmation #: _____	<input type="checkbox"/> PERSONAL VEHICLE	Estimated Mileage: _____
<input type="checkbox"/> TRAIN	Confirmation #: _____	<input type="checkbox"/> RENTAL CAR	Confirmation #: _____	<input type="checkbox"/> OTHER	_____

ACCOMMODATIONS

HOTEL: _____ CHECK IN DATE/CHECK OUT DATE: _____
HOTEL ADDRESS: _____
HOTEL PHONE: _____ RESERVATION #: _____
OTHER INFORMATION: _____

Complete and sign the back of this form →

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.

www.thearcoftexas.org/trust-forms

SECTION 1: Please list the item(s) or service(s) for which a travel advance for your trip is requested.	
TRANSPORTATION	Amount
1.	
2.	
ACCOMMODATIONS	Amount
1.	
2.	
OTHER (spending money, food, shopping etc.)	Amount
1.	
2.	
3.	
TOTAL ESTIMATED TRAVEL COSTS \$	

For **APPROVAL** only and payment after travel, skip SECTION 2 and sign at the bottom.
 For travel **APPROVAL and ADVANCED FUNDS**, complete SECTION 2 and sign at the bottom.

If you have more items/services or payment options (i.e. two (2) checks), attach another Travel Request Form. Only one Payee per payment option allowed. Include the amount for that payment option.

SECTION 2: Payment Options (Check, Direct Deposit or True Link Card)		
<input type="checkbox"/> Check Amount \$ _____	Payee Name: _____ Memo on Check (i.e. Invoice or account number): _____ <u>Mail Check To:</u> Name: _____ Address: _____ City: _____ State: _____ Zip: _____	
	<input type="checkbox"/> Direct Deposit Amount \$ _____	Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____ Checking <input type="checkbox"/> OR Last four (4) Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Savings <input type="checkbox"/> Bank Account Number:
	<i>A Disbursement Direct Deposit Authorization Form MUST be completed or on file for a direct deposit to be made.</i>	
<input type="checkbox"/> True Link Card Amount \$ _____	Name of Card Holder: _____	

I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

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