

GUARDIAN COMMUNITY TRUST, INC.

P.O. Box 5058
ANDOVER, MA 01810

Credit Card Payment/Reimbursement Request Form

Beneficiary: _____

Requesting Party: Name: _____
Address: _____
Phone: _____
Relationship to Beneficiary: _____

Credit Card Information: Name of Credit Card Co.: _____
(if applicable) Name of Card Holder: _____
Account No.: _____
Statement Date: _____
Payment Due Date: _____

Please indicate whether request is for (check one):
 Payment of Credit Card; or
 Reimbursement to Requesting Party.
(Please note this form is only required for payment directly to the requesting party or for payment of a credit card.)

Please detail expense items and attach relevant documentation (including credit card statement, receipt, etc.).

Expense Item(s)	Amount
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____
▶ _____	_____
TOTAL REQUESTED PAYMENT _____	_____

I certify that all expense items presented above were purchased for and provided to/for the Beneficiary. I further certify that all information presented above is accurate, and agree to indemnify Guardian Community Trust, Inc. for any liability arising from any misstatement herein including, without limitation, legal fees.

Signature of Requesting Party

Date

Please complete this form and send together with any relevant documentation to the address above. For assistance with this form, please call 978-775-3500.