



THE ARC OF NM MASTER TRUST REQUEST

SUBMIT YOUR REQUEST: Fax: 505-883-5564 Email: arcstrust@arcnm.org Mail: Trusts – The Arc of NM 5130 Masthead NE • Albuquerque, NM 87109

TRAVEL REQUEST

MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO TRAVEL DATE

If this form is not filled out completely or is not legible, it may cause a delay in processing.

Trust Beneficiary's Name: _____ Date _____
Address: _____
Phone: _____ e-mail: _____

TRAVEL EXPENSES MAY BE PAID BY A SPECIAL NEEDS TRUST WHEN THE TRAVEL FALLS WITHIN SOCIAL SECURITY GUIDELINES: The trust can pay for travel expenses of the beneficiary

- The trust may be able to pay for someone to accompany the beneficiary for medical reasons
In all other situations, other persons must pay for their own travel expenses
If you have questions, please call The Arc Trust 505-883-4630 or e-mail: arcstrust@arcnm.org

Dates & Destination of Travel: Where are you going/Destination (City/State): _____
Departure Date: Day of week _____; Month/Day/Year _____
Return Date: Day of week _____; Month/Day/Year _____

In State Travel Out of State Travel: Traveling by auto plane

If you need a car rental, this must be done by the person driving (they will need a credit card, auto insurance and a valid driver's license), we will reimburse the credit card charged with an invoice from rental agency.

International Travel (including Cruises) Requires Valid Passport -- include a copy with request

Travel Arrangements & Costs: Funds will be added to your True Link Card for you to make travel arrangements

Airline name _____; will you need ground transportation? Yes No

Train; Bus Estimated cost: \$ _____

Hotel: Number of nights _____ Check in date _____ Check out date _____

Name of Hotel _____ Is breakfast included with room Yes No

Estimated Hotel Cost \$ _____

TruLink Card expenses: (such as gas, cost is calculated using Travel Math site): \$ _____

Meals are generally \$40 per day (\$10 breakfast, \$15 lunch; \$20.00 dinner): _____

Other costs for entertainment, spending funds \$ _____

Estimated Other Cost \$ _____

Your estimated cost for this trip: \$ _____

Name(s) of any traveling companions: _____

Signature of Beneficiary, Guardian, POA _____

Questions? Please contact us via email arcstrust@arcnm.org or call 1-505-883-4630 or 1-800-358-6493 toll free
YOU MAY MAKE COPIES OF THIS FORM OR DOWNLOAD FROM OUR WEBSITE:

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