**Disbursement Request Form**

**MAKE CHECK PAYABLE TO:**  Date Submitted:

Name:       Tax Payer I.D.

Does this support a specific program or cause? If so, designate here:

Amount: $       Address:

City:       State:       Zip Code:

Phone #:       [All receipts/support documents must be attached/included.]

**Delivery of check (Choose One):**

[ ]  Mailed to Payee

[ ]  Picked up by Fund Advisor for delivery

[ ]  Mailed to Fund Advisor for delivery, address:

**Fund Information**

Account # of Fund:       Name of Fund:

Name of Fund Advisor:

Signature of Fund Advisor *(required)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Internal Use Only:**

|  |  |  |
| --- | --- | --- |
| ACCOUNT | DESCRIPTION | AMOUNT |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL:** |  |

Check/Transfer Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #/Transfer: \_\_\_\_\_\_\_\_\_\_\_\_ Payment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check/Transfer Signed by: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 2 signatures must be obtained if the amount is $500 or more.
* For reimbursements, the person receiving it may not prepare this form nor approve the check request.
* For contract staff, 1099 information must be on file before expense approval.