



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 _____

Phone #: _____

Delivery of check (Choose One):

- Mailed to Payee
- Picked up by Fund Advisor for delivery
- Mailed to Fund Advisor for delivery, address: _____

Anonymous - Do not show name of Fund on check or accompanying letter.

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.