



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 \$2500 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.