



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: _____
- Anonymous – Do not show name of fund on check or letter**

Fund Information

Account # of Fund: _____ Name of Fund: _____

Name of Fund Advisor: _____

Signature of Fund Advisor (*required*): _____

For reimbursements, the person receiving payment may not sign the check request

Form Submission

Fax: (512) 863-2484 or Email: office@chisholm-trail.org or deliver to 116 W. 8th Street, 2nd Floor

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 \$5000 or more