



Grant Recommendation and Disbursement Request Form

MAKE CHECK PAYABLE TO:

Date Submitted: _____

Name: _____

Organization EIN (Employer Identification Number)/

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

Email: office@chisholm-trail.org or deliver to 116 W. 8th Street, 2nd Floor

For Internal Use Only:

Guidestar checked _____

Check Printed/Payment Prepared by: _____ Check #/Payment Type: _____ Payment Date: _____

Check/Payment Signed by: 1. _____ 2. _____

(2 signatures must be obtained if the amount is \$5,000.00 or more)