

FUND DISBURSEMENT REQUEST FORM

(Fund name)	(Account or Sub-Account name)	
PAY TO Name of the payee for the check and the address to which the check is to be mailed	PURPOSE OF PAYMENT (i.e., meeting expense, postage, supplies, operating expense, project expense, mileage reimbursement, or other expense category)	AMOUNT OF PAYMENT Please list each payment separately, include sales tax. Fur are not tax exempt, they are tax deductible

Signature(s) of person(s) authorized by the Fund Advisory

Committee to request disbursements