

**Community Trust B**

Disbursement Request Form

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ie. Catalog Order, Phone Bill, Cable Bill)

Amount Requested to be Disbursed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Vendor (Check Payable to):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature of Beneficiary or Authorized Agent Date**

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\****By signing this form, I certify that the above requested payment from this trust is being used for the sole benefit of the trust beneficiary. I further attest that the funds are not being used for:***

∘ ***Rent /Mortgage/Utility Bills/Heating Bills*** ∘ ***Expenses Payable by Medicaid*** ∘ ***Purchase of Alcohol, or Tobacco***

∘ ***Cash (check payable to Beneficiary)***

∘ ***Clothing (Only allowable for SSI Beneficiaries, If clothing is being requested you are attesting that you are a SSI Beneficiary)***

∘ ***Legal Fees or Fines Related to Illegal Activities, Restitution, Bail, Credit Card Debt prior to Enrollment in the Trust, Fees Associated with Overdrawn Bank Accounts, Debit Card Charges, or Cash Advances taken on Credit Cards.***

\****Please note this form is subject to change.***