



Community Trust B

Disbursement Request Form

Please mail to the attention of:
Community Trust B, Accounting Dept.
1 Farmingdale Road
West Babylon, NY 11704

Date Requested: _____

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary Phone Number: _____

Description of Request (i.e. Catalog Order, Cable Bill): _____

Amount Requested to be Disbursed: _____

All requests must include an invoice (if applicable), for credit card bills, receipts & statement must be included. If the request is for reimbursement of another individual; must include receipt & payment type (i.e. credit card statement).

Name and Address of Vendor (Check Payable to):

Signature of Beneficiary or Authorized Agent

Date

Signature of 3rd party (if applicable, for reimbursement)

Date

**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:*

o Rent /Mortgage/Utility Bills/Heating Bills o Expenses Payable by Medicaid o Purchase of Alcohol, or Tobacco o Cash (check payable to Beneficiary)

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

o 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.*