



Funds Disbursement Request Form

Please fill out the form completely and attach a copy of the supporting section of your committee minutes behind the form. If you are emailing the form, please include the minutes as a separate attachment.

Requesting entity: _____

If other: _____

Account disbursement charged against: _____

Pay to the order of: _____

Address: _____

City, State Zip: _____

Country (if not US): _____

Account number: _____

Include account number on check

Include account number on separate remittance

Amount of disbursement (if full amount of account, state FULL): _____

Timing of disbursement:

Immediate

Specific date: _____

When account balance reaches _____

When directly instructed by _____