



REQUEST FOR DISTRIBUTION OF FUNDS
Check Payable to Grantor (*You*)

Trust Account: # _____ Total Check Amount: \$ _____

Grantor's Information:

Your Name: _____ Fax: _____

Address: _____ City _____ State _____ ZIP _____

Phone: _____ Email: _____ Check if new personal information is listed on form.

Please describe your purchase and attach a receipt or quote from the vendor or store. Fill in below, the name, address and phone of the vendor or store. If you have more than 1 receipt, please attach a separate sheet to show the details of your request.

Description of purchase: _____

Check Pay to Grantor _____

Send check to (*Check one*): Grantor (*You*) *(Allow 2 weeks for processing)*

Send check via (*Check one*): Mail/U.S. Post Office or FEDEX (*Do not select this if you have a P.O. Box as the vendor address. Additional fee for FedEx.*)

Important Points to Remember:

- When signing below you are certifying that this expenditure has not been otherwise reimbursed nor reimbursable by government funding.
- This form must be completed in full. Failure to complete the form properly will result in the form being returned to you.
- Include original receipt(s). Receipts must have a description of purchased item. When paying a credit card bill include the statement and receipts.
- **Allow 2 weeks for processing.**
- You are permitted to make copies of this form.
- If you have questions regarding this form, please call **Secure (866) 389-6339**.

Grantor Signature (*Please sign above.*) _____
Date

Authorized By Trustee Signature Secure

For Secure Use Only:	
	Vndr
	Appr