



REQUEST FOR DISTRIBUTION OF FUNDS  
Check Payable to a Vendor or Store

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, you must use the **Additional Receipt Detail form** to list all purchases.

Description of purchase: \_\_\_\_\_

Check Pay to Vendor Name: \_\_\_\_\_

Vendor Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Vendor Phone (include area code): \_\_\_\_\_

Send check to (Check one):  Grantor (You) or  Vendor/Store (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. Social Security rules prohibit Securetr from reimbursing for purchases made.
- This form must be completed in full. Failure to complete the form properly will result in the form being returned to you.
- Include all receipt(s). Receipts must have a description of purchased item. **Clients are responsible for keeping a copy of all receipts submitted.** 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 **Securetr (866) 389-6339**.

\_\_\_\_\_  
Grantor Signature (Please sign above.) Date

\_\_\_\_\_  
Authorized By Trustee Signature Securetr

For Securetr Use Only:	
	Vndr
	Appr