



REQUEST FOR DISTRIBUTION OF FUNDS
GIFT CARD PURCHASE

Trust Account: # \_\_\_\_\_ Total Gift Card 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 tell us what store you would like a gift card from. Gift cards can only be purchased from retailers who sell gift cards online. Retailers who sell food such as Wal-Mart, K-Mart, and Target are not available for purchase. The client is responsible for making sure the store chosen offers online gift cards prior to sending in your request.

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

Gift Card Retailer: \_\_\_\_\_

Send gift card to: [ ] Grantor (You)

Send gift card via (Check one): [ ] Email or [ ] FEDEX (Additional fees apply) (Allow 2 weeks for processing)

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 SecureT from reimbursing for purchases already made.
This form must be completed in full. Failure to complete the form properly will result in the form being returned to you.
Mailing options are non-negotiable. There are no other options available at this time. Gift card information sent via email will be done only with the client's permission. The client must also confirm their email address via phone with SecureT to ensure accuracy and follow up with delivery.
Gift card orders cost \$25 per request. Once a gift card has been ordered, it cannot be canceled for any reason. They are non-refundable.
Include all original/copies of the receipt(s). Receipts must have a description of the purchased item. If a return/exchange is made you must include the receipts.
Allow up to 2 weeks for processing. Once the card is received in the mail you will receive a call from SecureT.
You are permitted to make copies of this form.
If you have questions regarding this form, please call SecureT (866) 389-6339.

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

\_\_\_\_\_ Date

Authorized By Trustee Signature SecureT \_\_\_\_\_

For SecureT Use Only:
Table with 2 columns and 2 rows: Vndr, Appr