



DISBURSEMENT REQUEST FORM

Please use this form to request payment to a vendor or other third party for purchases or services made for the sole benefit of a PLAN Trust Beneficiary.

Trust Beneficiary Name: _____ Today's Date: _____

Total Amount of Request: \$_____

****Please attach all ORIGINAL, ITEMIZED, and COMPLETE invoices, bills, and/or receipts!****

For purchase or payment of:

Date of Receipt/Invoice	Name of Vendor/Place of Purchase	Items/Services Purchased (Please be as specific as possible)	Total Amount
Total Amount Requested			\$

Make Check Payable to:

Name

Street Address

City/State/Zip Code

Mail Check to (if different than above):

Name

Street Address

City/State/Zip Code

Name of Person Completing Form: _____

Relationship to Beneficiary: _____

I hereby attest, under the pains and penalties of perjury, that the purchase(s) associated with this request were made for the sole benefit of the Trust Beneficiary.

Signature

Date

Phone Number

Email Address

Submit the completed forms with original invoices and receipts to:

PLAN of Massachusetts and Rhode Island, Inc.

50 Cabot Street, Suite 206

Needham, MA 02494

Phone: 617.244.5552

Fax: 617.795.0589

E-mail: billing@planofma-ri.org

If there are any questions or concerns regarding this request, a PLAN staff member will contact you. **Payments are mailed within 7-10 business days after receipt of request.**

Thank you! ☺