



ELECTRONIC DISBURSEMENT REQUEST FORM

Beneficiary Name: _____ Date: _____

Account Number: WTC

Date of Receipt/Invoice	Vendor/Provider/Place of Purchase	Item(s)/Service(s) Purchased (Please be as specific as possible)	Receipt/Invoice Total
Total Amount Requested:			

All receipts/invoices/bills are ITEMIZED and COMPLETE and attached. (Do not write on receipts/invoices.)

Make Check Payable to NAME _____ ADDRESS _____ CITY/STATE/ZIP CODE _____

Mail to: (if different from above) _____

Request made by: _____ Tel. # _____

Email: _____

Relationship to beneficiary: POA Guardian Other (explain): _____

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. By electronically signing, I agree that my typed name binds me in the same manner as if I had signed a non-electronic form.

Signature _____

Date _____

Submit form and receipts/invoices/bills via:

email: billing@planofma-ri.org

fax: 617-795-0589

Mail: PLAN of MA & RI
50 Cabot Street Suite 206
Needham, MA 02494

This box for office use only	
Account	Amount
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL:	_____

If there are questions or concerns regarding this request, PLAN staff will contact you.
PLAN strives to mail checks 7-10 business days from receipt of the request.