



## 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
<b>Total Amount Requested:</b>			

   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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit form and receipts/invoices/bills via:**

email: [billing@planofma-ri.org](mailto:billing@planofma-ri.org)

fax: 617-795-0589

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

<i><b>This box for office use only</b></i>	
<b>Reviewed</b>	
<b>Approved</b>	
<b>Entered</b>	

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.**