



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.)

Please clearly print all information below:

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

Mail to: (if different from above) _____

Please check box if address has changed since previous disbursement.

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

Fax: 617-795-0589

Mail: PLAN of MA & RI
Two Adams Place, Suite 110
Quincy, MA 02169

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.