



P.O. BOX 83107 * Lincoln, NE 68501-3107 * 402-323-7330

DISBURSEMENT REQUEST FORM

(Fund name)

(Account name)

Pay to: <i>Name of the payee for the check and address to which the check is to be mailed</i>	Purpose of payment: <i>(i.e.: Grant, project expense including identification of project, meeting expense, postage, supplies, operating expense, mileage reimbursement or other expense category)</i>	Amount of payment <i>Please list each payment separately. Include sales tax.</i>

**Please attach ORIGINAL invoice, receipt or other documentation for this payment.
 You must include vendor invoices with details; not statements.**

Phone: _____

Signature(s) of person(s) authorized by the Fund Advisory Committee to request disbursements

Submission Date: _____

- The disbursement must be for charitable purposes and to an allowable payee. If you have questions, please contact our Accounting Staff before submitting at info@nebcommfound.org or 402-323-7330.
- Disbursement requests over \$1,500 for community funds or \$5,000 for organizational funds require two signatures.
- If you wish to have a check sent to your committee for a special presentation opportunity, please note that clearly on the form; otherwise, we will mail the check directly to the payee.
- Disbursement Requests received by Monday with all necessary documentation and signatures will be paid by Friday of the same week.
- We recommend that you keep a photocopy of your completed Disbursement Request for future reference.

This form may be photocopied. It is also available on the NCF website at www.nebcommfound.org.