



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 or other expense category)</i>	Amount of payment <i>Please list each payment separately. Include sales tax.</i>	Fiscal Year <i>If this payment is from an endowment account, indicate the fiscal year that you would like the payout to come from. (See below)</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

- Disbursement requests over \$1,500 for community funds or \$5,000 for organizational funds require two signatures.

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.
- If you wish to have a check sent to your committee for a special presentation, 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.
- NCF's Fiscal Year begins July 1 and ends June 30. For example, Fiscal Year 2011 begins July 1, 2010 and ends June 30, 2011.

This form may be photocopied. It is also available on the NCF website at <http://www.nebcommfound.org/affiliated-funds/find-a-form/>.