|  |  |  |  |
| --- | --- | --- | --- |
| For Internal Use Only | | | |
| Ck Date |  | Inv. # |  |
| Acct. Code |  |  |  |
| Description |  |  |  |
| Acct. Code |  |  |  |
| Description |  |  |  |
| Acct. Code |  |  |  |
| Description |  |  |  |
| Total $ |  | 1099 |  |

DISBURSEMENT REQUEST FORM

|  |  |  |
| --- | --- | --- |
|  |  |  |

**(Fund name)** **(Account name)**

| **Pay to:**  *Name of the payee for the check and address to which the check is to be mailed* | **Charitable Purpose of payment:**  (*i.e.: Grant, project expense including identification of project, meeting expense, postage, supplies or other expense category)* | **Amount of payment**  *Please list each payment separately.*  ***Include sales tax.*** |
| --- | --- | --- |
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**Please attach ORIGINAL invoice, receipt or other documentation for this payment.**

**You must include vendor invoices with details; not statements.**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | 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](mailto:info@nebcommfound.org) or 402.323.7330.
* If you wish to have a check sent to your fund advisory 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.

This form may be photocopied. It is also available on the NCF website at [www.nebcommfound.org](http://www.nebcommfound.org)