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| --- |
| 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 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)