



DISBURSEMENT REQUEST FORM

(instructions on page 2)

For Internal Use Only	
Ck Date:	Inv. #:
Acct. Code:	Descpt:
Acct. Code:	Descpt:
Total: \$	1099:

Affiliated Fund Name _____

Account Name _____

Account/Project # _____

<u>Pay Name and Address:</u>		<u>Charitable Purpose of Payment:</u> i.e.: grant, meeting expense, postage, supplies, etc.		<u>Amount:</u>
				<u>NCF Approval:</u>
This is a grant that we proactively sought out.*	YES	This grant is making an impact based on our affiliated funds' mission statement.*	YES	This grant will support and foster welcoming and belonging.* YES

<u>Pay Name and Address:</u>		<u>Charitable Purpose of Payment:</u> i.e.: grant, meeting expense, postage, supplies, etc.		<u>Amount:</u>
				<u>NCF Approval:</u>
This is a grant that we proactively sought out.*	YES	This grant is making an impact based on our affiliated funds' mission statement.*	YES	This grant will support and foster welcoming and belonging.* YES

Notes/Comments:

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

Send to: accounting@nebcommfound.org

Primary: _____ Second (if required): _____
Signature(s) of person(s) authorized by the Fund Advisory Committee to request disbursements

Primary Printed Name: _____ Submission Date: _____

Primary Email: _____ Primary Phone: _____

FORM INSTRUCTIONS

Please attach invoice(s), receipt(s) or other documentation for payment(s). You must include vendor invoices with details, NOT statements.

***Please help NCF track goals on our strategic framework by answering these questions**

- * **This is a grant that we proactively sought out instead of waiting for a grant application.** *e.g. you may have had a conversation.*
 - * **This grant is making an impact based on our affiliated funds' mission statement.** *e.g. we reflected on parts of our mission and the outcome is mission aligned; reflective of the funds goals.*
 - * **This grant will support and foster welcoming and belonging.** *e.g. does it engage people who are not normally part of decision making? Will the grant improve places, processes and/or accessibility for all people? Does this equip people to take on new leadership opportunities?*
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- The disbursement must be for charitable purposes and to an allowable payee. Not checking YES **does not** disqualify you from making the grant.
 - If you have questions, please contact our Account Staff at accounting@nebcommfound.org or 402.323.7330 before submitting this request.
 - If you wish to have a check sent to your fund advisory committee for a special presentation, please clearly indicate that in the Notes/Comments box; 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.

SUBMITTING

Email:	Mail:	Fax:
accounting@nebcommfound.org	NCF PO Box 83107 Lincoln, NE 68501	Attn: Accounting 402.323.7349