

## REQUEST FOR DISBURSEMENT FORM

Beneficiary Name: \_\_\_\_\_

Beneficiary Phone : \_\_\_\_\_

Request Made By (name): \_\_\_\_\_

Phone: \_\_\_\_\_

REQUESTED BY: (check one)

BENEFICIARY

GUARDIAN/SPECIAL TRUSTEE

Other: \_\_\_\_\_

|  |                            |                               |
|--|----------------------------|-------------------------------|
| <b>ITEM/SERVICE DESCRIPTION</b><br>(describe # of items, details of receipts/invoices/online purchase) | <b>TOTAL</b>               | <b>\$</b>                     |
| <b>1</b>   | <b>AMOUNT</b>              |                               |
| Direct payment to vendor   | Request with only receipts | Trust Assistance with details |
| Payee name: _____  |                            |                               |
| Address: _____   |                            |                               |
| Phone #: _____   | Attachment(s): _____       | # of Attachments: _____       |
| Bank Name: _____ Routing #: _____ Account# _____   |                            |                               |

|  |                            |                               |
|--|----------------------------|-------------------------------|
| <b>ITEM/SERVICE DESCRIPTION</b><br>(describe # of items, details of receipts/invoices/online purchase) | <b>TOTAL</b>               | <b>\$</b>                     |
| <b>2</b>   | <b>AMOUNT</b>              |                               |
| Direct payment to vendor   | Request with only receipts | Trust Assistance with details |
| Payee name: _____  |                            |                               |
| Address: _____   |                            |                               |
| Phone #: _____   | Attachment(s): _____       | # of Attachments: _____       |
| Bank Name: _____ Routing #: _____ Account# _____   |                            |                               |

|  |                            |                               |
|--|----------------------------|-------------------------------|
| <b>ITEM/SERVICE DESCRIPTION</b><br>(describe # of items, details of receipts/invoices/online purchase) | <b>TOTAL</b>               | <b>\$</b>                     |
| <b>3</b>   | <b>AMOUNT</b>              |                               |
| Direct payment to vendor   | Request with only receipts | Trust Assistance with details |
| Payee name: _____  |                            |                               |
| Address: _____   |                            |                               |
| Phone #: _____   | Attachment(s): _____       | # of Attachments: _____       |
| Bank Name: _____ Routing #: _____ Account# _____   |                            |                               |

Please check attachment box and include all relevant invoices/receipts for prompt payment.

Email to: Requests@lifesplaninc.org

Mail: Life's Plan Inc. 901 Warrenville Rd. Ste 500 Lisle, IL 60532

Fax: 630-628-1488 or go online to: [www.lifesplaninc.org](http://www.lifesplaninc.org) under resources/request form to make requests