

Request for Disbursement Form Instructions

- 1) **Beneficiary Name** – Who is the Life's Plan Client
- 2) **Beneficiary Phone** – Their Phone Number
- 3) **Request Made By** – Who is submitting the request
- 4) **Requested by** – a Check one box: Beneficiary, Guardian or if Other, tell us who are you in relation to the beneficiary
- 5) **Phone** – What iPhone number do you want us to make contact with you if there are questions or issues
- 6) **Item/Service Description – Is this a direct payment to a vendor?** What are you requesting to be reimbursed? Are you requesting Life's Plan to purchase something online or over the phone and have it shipped directly to you or somewhere else? Please check a box that best applies.
- 7) **Total \$\$ Amount** - How much are you requesting in dollar amount.
- 8) **Payee Name** – Who should check be made payable to? Where should check be mailed? Please provide the payee's phone # in case of questions/issues. Are there Attachments? (Invoices or receipts) How many receipts/invoices (this is important in case they are lost Trustee always knows how many to look for)?
- 9) **Bank Name/Routing#/ # of Attachments** - If you are requesting reimbursement using an ACH wire/direct deposit payment, please provide complete details here and include a copy of a voided check.