

ARC COMMUNITY TRUST OF PA
Outside Custodians Trust Disbursement Request Form

Date: _____

Beneficiary Name		Beneficiary Acct #	
Person making the request on behalf of beneficiary		Relationship:	
Signature of person making request			
DISBURSEMENT ALLOCATION AND AMOUNT			
Auto Purchase		Medical/Co-Pays	
Burial Expenses		Mileage	
Cable		Monthly Allotment	
Case Mgt Svcs		PCA	
Clothing		Rent	
Computer Purchase		Security Dep.	
Dur. Med. Eq./Adap. Tech		Telephone/Cell	
Electric		Therapy	
Electronics		Transportation	
Furniture		Tuition	
Home Purchase		Tutor	
Initial Trustee Fees		Vacation Exp	
Internet		Other	
Legal fees		Other	

TOTAL OF REQUEST

Payee Information	
Payable To	
Payment Mailed To:	

Purpose/Description:

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS AREA

Comments:

REQUEST STATUS:		
Need More Info	Rejected	Approved by TA:
Other	Board Approval	Exec. Dir. Approval