ACT
The Arc Community Trust of Pennsylvania

Rev: 7/17

Service Form

Name of Beneficiary:_____ **Date:**_____

Amount Requested: $_____ **Trust Administrator (if known):**_____

I am requesting that ACT, as trustee, make a distribution from a trust for the benefit of the above named Beneficiary. The distribution will be used to cover the cost of services I have arranged for the Beneficiary as indicated below. ACT has not been involved in selecting, scheduling, training, supervising, providing instruction to or otherwise controlling the work of the service provider. I understand that ACT is not employing the service provider and is not responsible for withholding or paying federal, state, or local income tax, or payroll tax of any kind, on behalf of the service provider. I also understand that ACT does not provide any type of insurance (including workers' compensation) for the service provider.

Date	Type of Service Provided	Hourly Rate	Time In/ Out	Hours Worked	Total Due
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
		Total Hours	0.00	**Total Dollars**	$0.00

Check <u>Payable</u> to (name and address):

_____

_____

_____

<u>Mail</u> Check to (name and address):

_____

_____

_____

If same as <u>Payable</u> Address, check here: ☐

Submitted By: _____ _____

(Print) (Signature)

Relationship to Beneficiary:_____ **Phone:** _____

INTERNAL OFFFICE USE ONLY

	Transaction		APPROVAL
A. ACCOUNT #			
B. PAYEE #			
C. TRANSACTION CODE			
D. TAX INTERFACE			

ACT
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Additional forms available at www.arctrust.org