



DISBURSEMENT REQUEST FORM

Please complete this form when requesting **general** Program disbursements. USE ONE FORM FOR EACH PAYEE. See our website for additional information. Allow 3-5 business days for processing. Clear electronic copies of invoices and receipts must be included. **This form and its accompanying documents (i.e. invoices and receipts) can only be submitted through email [info@unitedcharitable.org] or fax [866] 837-7874. We are unable to accept mailed receipts, invoices and disbursement request submissions.**

1. Program Name: _____

Program Account #: _____

2. Payable to [Name & Address]: _____

Vendor ID (Office Use Only) _____

Total Requested: \$ _____

Send Check to: Payee Separate Address: _____

3. Special Processing & Delivery **OPTIONAL** - Additional fees apply.

Processing: Expedited Processing (1-2 business days)

Delivery*: Fed Ex (Overnight) Priority Mail Bank Wire

*Will be processed in 3-5 business days unless a Processing Option is also selected.

4. Common Activity Codes: [See Activity Code Sheet for additional codes.]

Amount	Code	Description	OFFICE USE	Amount	Code	Description	OFFICE USE
\$ _____	5011	Printing	<input type="checkbox"/> 1099	\$ _____	5151	Animal Care/Feed/Vet Bill	<input type="checkbox"/> 1099
\$ _____	5015	Publications		\$ _____	5160	Mission Related Supplies	
\$ _____	5030	Rent & Occupancy	<input type="checkbox"/> 1099 <input type="checkbox"/> Rent Agr	\$ _____	5200	Sub Contract PC	<input type="checkbox"/> 1099 <input type="checkbox"/> Emp. Agr
\$ _____	5035	Office Utilities	<input type="checkbox"/> ORP on file	\$ _____	5315	Other Insurance	
\$ _____	5040	Office Meetings		\$ _____	5320	Licenses/Taxes/Fees	<input type="checkbox"/> 1099
\$ _____	5070	Telephone Expense		\$ _____	5410	Media Expense, Website, etc.	<input type="checkbox"/> 1099
\$ _____	5090	Office Expense		\$ _____	5420	Travel Expense	
\$ _____	5110	Accounting & Legal	<input type="checkbox"/> 1099	\$ _____	5425	In-Town Meals/Entertainment	
\$ _____	5125	Equipment		\$ _____	_____	_____	<input type="checkbox"/> 1099
\$ _____	5130	Grants to Individuals	<input type="checkbox"/> Qualified	\$ _____	_____	_____	<input type="checkbox"/> 1099

5. Justification: (How this expense furthers your charitable purpose) _____

6. Memo: (Note to be placed on check memo line) _____

7. PROGRAM MANAGER ATTESTATION: I certify that none of the above named payees is a donor to my Program, nor does any donor have any advisory privileges as to my Program or the investments thereof. I further certify that none of the above persons is a family member of a donor to my Program (this includes spouses, siblings [by the whole or half blood], and their spouses, children, grandchildren, great grandchildren and spouses of children, grandchildren, or great grandchildren). If the named payee is an organization, I certify that no donor to my Program, nor any person related to the donor, owns 35% or more of such organization directly or indirectly. United Charitable's Board of Directors reserves the right for final approval.

Name: _____ Signature: _____

Email: _____ Phone #: _____ Date: _____

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OFFICE USE ONLY	Invoice ID: _____	Poster/Printer Initials: _____ Date: _____
Initiator/Entry Initials: _____	Date: _____	<input type="checkbox"/> Fees entered on log/Amt correct/Prog correct/Initiator&Approval Controls
Cash Bal \$ _____ Cash in Transit \$ _____ <input type="checkbox"/> Extranet		Fees Booked: _____ Date: _____
Verified Char. Status: <input type="checkbox"/> Yes <input type="checkbox"/> No LgDonLtr <input type="checkbox"/> Yes <input type="checkbox"/> No		Check#/Wire Date: _____ <input type="checkbox"/> Closed Task
<input type="checkbox"/> Tasked/Cash sufficient/Back up/Char status confirmed/Usage approved/GL/1099		<input type="checkbox"/> 1099 Confirmed <input type="checkbox"/> Issued Check
Review/Approved Initials: _____ Date: _____		Fees: \$ _____ Expedited \$ _____ Other: _____
<input type="checkbox"/> Tasked/Cash sufficient/Back up/Char status confirmed/Usage approved/GL/1099		\$ _____ Priority \$ _____ FedEx \$ _____ Wire