



PROGRAM DISBURSEMENT REQUEST FORM

Please complete this form when requesting **General Program** disbursements. Each payee requires a form - you may not include multiple payees on one form. **Processing takes 5-7 business days.** Legible electronic copies of invoices and receipts must be included (bank and credit card statements are not accepted). **Submission of this form and related documents must be done by email to info@unitedcharitable.org or fax to (866) 837-7874.**

1. Program Name: _____ Account #: _____

2. Payable to (Name & Address): _____ 3. Send Check To: Payee Separate Address:

4. Total Amount Requested: \$ _____

5. Special Processing & Delivery: **additional fees*

Processing: Expedited (2-3 business days)

Delivery: FedEx Priority Mail Wire

6. Common Activity Codes (See activity code sheet for additional codes)

Amount	Code	Description	Amount	Code	Description
\$	5010	Postage	\$	5130	Grants to Individuals
\$	5011	Printing	\$	5151	Animal Care/Feed/Vet
\$	5015	Publications	\$	5160	Mission Related Supplies
\$	5030	Rent/Occupancy	\$	5200	Sub Contract PC
\$	5035	Office Utilities	\$	5410	Media, Website, etc.
\$	5040	Office Meetings	\$	5420	Travel Expense
\$	5070	Telephone Bill	\$	5425	Meals/Entertainment
\$	5090	Office Expense	\$		
\$	5125	Equipment	\$		

7. How does this expense further your charitable purpose?

8. Program Manager Attestation Statement:

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.

Signature: _____ Date: _____ Phone #: _____

Print Name: _____ Email: _____