



## Request for Disbursement

Today's Date: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

Payee: \_\_\_\_\_

*All approved disbursements will be sent directly to Payee.*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(optional)

Amount: \_\_\_\_\_

Disbursement Purpose: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

*As a Fund Representative, I understand that this disbursement request must follow the terms of the Fund Agreement associated with this Fund. I recommend the above disbursement be made from the aforementioned Fund. I understand this is a recommendation only, not a direction to the Henderson Community Foundation. I affirm that these suggestions do not represent the payment of any pledge or other financial obligation and that I will not receive any goods, services, or non tax-deductible membership benefits as a result of this disbursement (including, but not limited to, tickets for special events and other tangible benefits).*

\_\_\_\_\_  
Fund Representative (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fund Representative (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**As routine business, checks are distributed on the 15th & 30th of each month. Requests received less than 7 days prior to the next scheduled disbursement date may be delayed until the following disbursement date.**

Internal Use Only	
Fund Name:	_____
Amount Paid:	_____
Date Paid:	_____
Check Number:	_____
Remaining Balance:	_____
HCF Rep Initials:	_____
Due Diligence Completed by:	_____

**Please submit completed, signed form by mail or fax to:**  
2756 N. Green Valley Pkwy, Suite 268  
Henderson, NV 89014  
P: (702) 952-2640  
Fax: (702) 798-8653  
[info@hendersoncf.org](mailto:info@hendersoncf.org)