



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 and signature)

Date

Fund Representative (printed name and 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.

Please submit completed, signed form by mail or e-mail to:

2756 N Green Valley Pky, Ste 268 • Henderson, NV 89014 • (702) 952-2640 • info@hendersoncf.org

Internal Use Only

Fund Name: _____

Amount Paid: _____

Date Paid: _____

Check Number: _____

Fund Balance: _____

HCF Rep Initials: _____

HCF Rep Initials: _____

Disbursements over \$10,000 require two board initials.