



## FUND DISBURSEMENT FORM

### Rockland Community Foundation

#### DISBURSEMENT REQUEST TO BE FILLED OUT BY FUND HOLDER (ONLY)

Name of Fund:	Date: / /	Amount Requested: \$
<b>ISSUED TO:</b>		
Name:	Organization:	
Address:	City & Zip:	Tel: ( ) -
Email Address:		
Mail Payment To: (If different from above)		
Authorized Person (Print Name)	Authorized Person (Print Name)	
Signature	Signature	

**Purpose of disbursement:** Fully describe the purpose of the disbursement and attach invoice and/or supporting documentation (if applicable)

The disbursement must be for charitable purposes and to an allowable payee.  
If you have questions, please contact our Accounting Staff before submitting at [admin@rocklandgives.org](mailto:admin@rocklandgives.org) or 845-947-2868.  
We recommend that you keep a photocopy of your completed Disbursement Request for future reference.

#### DISBURSEMENT CONFIRMATION To Be Filled Out by Rockland Community Foundation Rep. (ONLY)

Name of Fund:	Payee Name:	
<input type="checkbox"/> Mail Check to Payee <input type="checkbox"/> Pick Up Check <input type="checkbox"/> Transfer to Multi-Sweep <input type="checkbox"/> Transfer to RCF		
Amount Recommended by Authorized Personnel: \$	Date of Request: ___/___/___	
#1) RCF Representative Name:	RCF Representative Phone #: (845) 947-2868	RCF Representative Email:
#2) RCF Representative Name:	RCF Representative Phone #: (845) 947-2868	RCF Representative Email:
#1) Signature:	#2) Signature:	Date of Request: ___/___/___

#### PROCESS CONFIRMATION

Date Request Received:	
Date Processed:	Amount Processed: \$
How request was processed:	
Processed by:	
Date Notified RCF:	
Comments:	