

ARC COMMUNITY TRUST OF PENNSYLVANIA  
TUTOR DISBURSEMENT REQUEST FORM

<b>Beneficiary Name:</b>	<b>Beneficiary Account Number:</b>
Print name of Person making the request on behalf of the beneficiary:	<b>Relationship:</b>

Date	Hours	Activity	Objective

Total Hours \_\_\_\_\_ @ \$ \_\_\_\_\_ per hour \_\_\_\_\_

Tutor Name: \_\_\_\_\_  
Tutor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person making request: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that all payments for services are considered Taxable Income and must be filed with the IRS.**