## ARDENT COMMUNITY TRUST OF PA

## **Trust Disbursement Request Form**

Beneficiary			Beneficia	ary	
Name			Acct #	!	
Print Name of Person Making Request on behalf of the beneficiary/ Relationship:					
	T <sub>F</sub>				
TOTAL OF					
		REQUEST			
					₫
		Invoice / Check c	opy attached		
If Payment is appro	ved, whom s	hould the check be made	payable to, and	d where sh	ould it be sent.
Payable To					
Payment Mailed To	:				
Describe the nurnos	se of the rear	jest and how this nurchas	e will help the	heneficiars	7
Describe the purpose of the request and how this purchase will help the beneficiary					
Signature of the Person making the request					Date
Check Memo:	FFICE USE	ONLY – PLEASE DO N	<u>OT WRITE BI</u>	ELOW TH	IS AREA
Cneck Memo:					
Danie Mandella Allad	4	DISBURSEMENT ALLOCA			
Bene Monthly Allotment			Trustee Fees - Other		
Trust Accountant Fees**			Trust Federal Taxes**		
Trust Investment Mgt Fees			Trust Property Taxes*		
Trust Legal Fees			Trust State Taxes**		
Trustee Fees - Initial			Other		
*Only for fixed asse	ts owned by	the trust, ** Only for fee	s/taxes incurre	d by the tr	ust
		REQUEST S			
				Dalastad.	
Need More Info:				Rejected:	
Approved by TA:		Dir. Approval:		Rejected: Board App	proval: