



DISBURSEMENT REQUEST FORM
OREGON SPECIAL NEEDS TRUST

FORM INSTRUCTIONS:

- Please allow 2 weeks for processing disbursement checks.
Checks will be issued directly to the vendor.
Paperwork detailing item(s) to be purchased and/or purchase orders should accompany requests. Receipts are due within two weeks of disbursement.
Checks WILL NOT be issued directly to the subaccount beneficiary.
Monthly bills eligible to be paid by trust funds should be submitted with payment coupon and a FULL copy of the monthly invoice.
Credit card bills will be paid directly to the credit card vendor.
Only charges that are eligible to be paid with trust funds can be approved.
Itemized receipts MUST accompany the full credit card bill and completed disbursement form.
Interest and/or late payment fees will not be approved.
You are responsible for making a minimum payment to avoid late fees if the trust payment cannot be made prior to the credit card payment due date.
Medical, dental and support service expenses are eligible for payment with trust funds only after governmental assistance and/or private insurance has been met and proper documentation has been received.
Please return disbursement form and required documentation by mail, fax, or email as shown below.

MAIL TO: 2405 FRONT STREET NE, SUITE 120, SALEM OR 97301
FAX TO: 503.363.7168
EMAIL TO: DISBURSEMENTS@THEARCOREGON.ORG

Beneficiary's Name: \_\_\_\_\_
Date of Request: \_\_\_\_\_ Trust Subaccount #: \_\_\_\_\_
Description of Purchase: \_\_\_\_\_
Make Check Payable To: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_
Mail Check To: [ ] Beneficiary [ ] Requestor [ ] Vendor
Vendor's Address: (if applicable) \_\_\_\_\_
Date Due: (if applicable) \_\_\_\_\_
Requestor's Name: \_\_\_\_\_ Requestor's Phone: \_\_\_\_\_
Requestor's Signature: \_\_\_\_\_
(Signature required: requestor must be a person authorized to request disbursements)

Office use only: Approved: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_
Approved by: \_\_\_\_\_