



TRAVEL DISBURSEMENT REQUEST FORM

OREGON SPECIAL NEEDS TRUST

FORM INSTRUCTIONS:

- Travel planning should be done at least 60 days in advance of anticipated travel dates to allow us to review the entire travel plan and obtain additional information/documentation if needed before approving the request.
- Travel expenses for caregivers may be allowed but payment for caregiver’s time during travel is not.
- Please allow 2 weeks for processing disbursement checks once the plan has been approved.
- 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 completing the planned travel.**
- Checks **WILL NOT** be issued directly to the subaccount beneficiary.
- Money will not be advanced for incidental travel expenses. You may contact us to discuss how to best provide for those types of traveling expenses.
- **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 #: _____

TRAVEL DETAILS:

Description of Travel Plans: _____

Dates of Travel: From: _____ To: _____

Name of Traveling Companion: _____

Relationship to Beneficiary: _____

ALL INCLUSIVE PACKAGE: (Vacation Package - attach ITEMIZED documentation)

Make Check Payable To: _____ Check Amount: \$ _____

Mail Check To: Beneficiary Requestor Vendor

Vendor’s Address: _____
(if applicable)

TRANSPORTATION: (Air, train or bus fare - attach documentation)

Make Check Payable To: _____ Check Amount: \$ _____

Mail Check To: Beneficiary Requestor Vendor

Vendor’s Address: _____
(if applicable)

CONTINUED ON BACK >>



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Oregon

LODGING: (Hotel/motel accommodations - attach documentation)

Make Check Payable To: _____ Check Amount: \$ _____

Mail Check To: [] Beneficiary [] Requestor [] Vendor

Vendor's Address:
(if applicable)

ENTERTAINMENT: (Local attractions, e.g. Disneyland, museums, aquariums - attach documentation)

Make Check Payable To: _____ Check Amount: \$ _____

Mail Check To: [] Beneficiary [] Requestor [] Vendor

Vendor's Address:
(if applicable)

Make Check Payable To: _____ Check Amount: \$ _____

Mail Check To: [] Beneficiary [] Requestor [] Vendor

Vendor's Address:
(if applicable)

Make Check Payable To: _____ Check Amount: \$ _____

Mail Check To: [] Beneficiary [] Requestor [] Vendor

Vendor's Address:
(if applicable)

OTHER INFORMATION: (Is there anything else we should know when reviewing the travel plan for approval?)

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: _____