

FUND DISBURSEMENT REQUEST

Please use this form to recommend disbursements from your Fund at the Yampa Valley Community Foundation. By doing so, you help us process your requests more quickly and efficiently. After completing all sections for each request, please sign in the appropriate space and fax or mail to:

YAMPA VALLEY COMMUNITY FOUNDATION

P.O. Box 881869
Steamboat Springs, CO 80488
970/879-8632
970/871-0431 (Fax)

Bills are paid twice a month on the 15th and the last day of the month. Please submit this form with all backup two business days prior.

AGENCY/FUND NAME: _____

PERSON REQUESTING DISBURSEMENT: _____

PHONE NUMBER: _____

AMOUNT REQUESTED: \$ _____

DUE DATE: _____

PURPOSE OF EXPENSE: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS CHECK TO BE MAILED TO: _____

SPECIAL INSTRUCTIONS (IF ANY): _____

I understand that final approval on this request rests in the hands of the Yampa Valley Community Foundation Board of Trustees, whose charge it is to see that all distributions are consistent with the purposes of special agency funds and the Yampa Valley Community Foundation.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE

NOTE: SUMMARY OF EXPENSES OR INVOICES SHOULD ACCOMPANY ANY REQUESTS FOR DISBURSEMENTS AND BE ATTACHED TO THIS FORM.