



Request for Disbursement

Internal Use Only	
Program:	_____
Amount Paid:	_____
Date Paid:	_____
Check #:	_____
Program Balance:	_____
ACC Rep. Initials:	_____
ACC Rep. Initials:	_____
Disbursement over \$10,000 require two board initials.	

Date: _____

Name of Program: _____

Payee: _____

All approved disbursements will be sent directly to Payee. Please include invoice with disbursement request.

Street Address: _____

City, State, Zip: _____

Phone: _____

Email (optional): _____

Amount: _____

Disbursement Purpose: _____

Special Instructions: _____

As Program Director: I understand that this disbursement request must follow the terms of the Program Agreement associated with this Program. I recommend the above disbursement be made from the aforementioned Program's Account. I understand this is a recommendation only, not a direction to the Angel Charitable Corporation. I affirm that these suggestions do not represent the payment of any pledge or other financial obligation and that I will not receive any goods, services, or non-tax-deductible membership benefits because of this disbursement (including, but not limited to, tickets for special events and other tangible benefits).

Program Director (printed name)

Date

Program Director (signature)

As routine business, checks are distributed on the 15th & 30th of each month. Requests received less than 7 days prior to the next scheduled disbursement date may be delayed until the following disbursement date.

Please submit completed, signed form by mail or email to:

203 S. Water Street, Suite 310 • Henderson, NV 89015 • (702) 202-0745 • info@theangelcc.com