

## Disbursement Request Form

Trust Account Name: \_\_\_\_\_ Total Disbursement Amount: \$ \_\_\_\_\_

Check Request       True Link Request

### Beneficiary Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please describe your purchase. **Retailers that sell food cannot be used without prior consultation with your trust account manager (Wal-Mart, Target, etc).**

Description of Purchase: \_\_\_\_\_

Retailer: \_\_\_\_\_

**If Check Request** – Retailer Address: \_\_\_\_\_

### Important Notes

- ▶ By signing, you certify that this purchase has not already been reimbursed or is reimbursable by government benefits. Social Security prohibits Anchor from reimbursing for purchases already made.
- ▶ This document must be fully and correctly completed. Otherwise, it may be returned to you.
- ▶ Include all original or copied receipts for purchases as well as for returns/exchanges.
- ▶ Allow up to 2 weeks for processing.
- ▶ If you have questions, please call Anchor at (844) 526-2467.
- ▶ Please fax completed form to 267-740-3000 or email to [info@anchorfsn.org](mailto:info@anchorfsn.org), or mail to Anchor For Special Needs, 188 N 3<sup>rd</sup> Street #278, Rogers City MI 49779.

**Grantor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_