

**ARC COMMUNITY TRUST OF PA
Trust Disbursement Request Form**

Date: _____

UNIVEST I/P BSWM I/P TC OTHER I/P

Beneficiary Name		Beneficiary Acct #	
Requestor Name/ Relationship:			

TOTAL OF REQUEST

Invoice / Check copy attached

Payee Information	
Payable To	
Payment Mailed To:	

Request Purpose/ Description:

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS AREA			
Check Memo:			
DISBURSEMENT ALLOCATION AND AMOUNT			
Bene Monthly Allotment			Trustee Fees - Other
Trust Accountant Fees**			Trust Federal Taxes**
Trust Investment Mgt Fees			Trust Property Taxes*
Trust Legal Fees			Trust State Taxes**
Trustee Fees - Initial			Other
<small>*Only for fixed assets owned by the trust, ** Only for fees/taxes incurred by the trust</small>			
REQUEST STATUS:			
Need More Info:			Rejected:
Approved by TA: <small>(up to 2,500)</small>	Exec. Dir. Approval: <small>(2,501 - 10,000)</small>		Board Approval: <small>(over 10,000)</small>