

# 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)

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.