


CPT DISBURSEMENT REQUEST FORM

Beneficiary:	Acct #:
Benefits:	Phone:
Advocate:	Email:
Address:	

Payee <i>Who the check is going to</i>	<i>Name of payee receiving check</i>	<i>\$ amount</i>
Account Number	<i>Payee account number</i>	Phone
Description	<i>Description of goods or services</i>	
Check Destination	<input type="checkbox"/> Advocate's Address or <input type="checkbox"/> Directly to Payee Address (specify)	
RUSH Fee \$35.00 	<i>Street</i>	
	<i>City</i>	<i>State</i> <i>Zip</i>

ALL DISBURSEMENTS MUST BE PAYABLE TO A 3RD PARTY AND BE FOR THE SOLE BENEFIT OF THE BENEFICIARY.
DISBURSEMENT REQUESTS SUBMITTED WITHOUT THE REQUIRED DOCUMENTS MAY NOT BE CONSIDERED.

Disbursement Type <i>Choose One</i>	Requirements
<input type="checkbox"/> Direct Payment <i>Direct payment to a third-party vendor. (phone, internet, cable, etc.).</i>	<ul style="list-style-type: none"> - Invoice must be in the name of the beneficiary. - Copy of original statement, invoice or purchase order. - Trust beneficiary can only submit for their portion of the expense.
<input type="checkbox"/> Credit Card <i>Direct payments to a credit card company for expenses incurred for the beneficiary.</i>	<ul style="list-style-type: none"> - Invoice must be in the name of the beneficiary - Copy of complete credit card statement including: <ul style="list-style-type: none"> - Summary of current purchases, fees and interest charges - Associated pages with individual transactions listed Circle every transaction that you are submitting for payment - Copies of store receipts and invoices for each payable transaction <ul style="list-style-type: none"> - Attach in chronological order - Summarize total on each page Circle every item on receipts you are submitting for payment
<input type="checkbox"/> Reimbursement <i>Under special circumstances, the advocate may be reimbursed for expenses proven to be for the sole benefit of the beneficiary.</i>	<ul style="list-style-type: none"> - Written summary of all items to be considered for reimbursement - Provide rationale proving sole benefit to beneficiary for each item - Copies of all store receipts, invoices, purchases orders - Invoice should be in the name of the beneficiary - Summarize all expenses with rationale proving sole benefit - Attach documents in chronological order Circle every transaction that you are submitting for payment
I hereby authorize the trustee to make payments to the payee/creditor in the amount indicated. I understand if this disbursement compromises government benefits eligibility it may be denied or may cause a reduction in benefits. If denied and payment is still requested the program's Administrator, Trustee and - Non Profit shall not be held liable for any loss of benefits and will hold the aforesaid harmless from any claims or liability.	
Advocate Signature:	Print Name: Date:

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