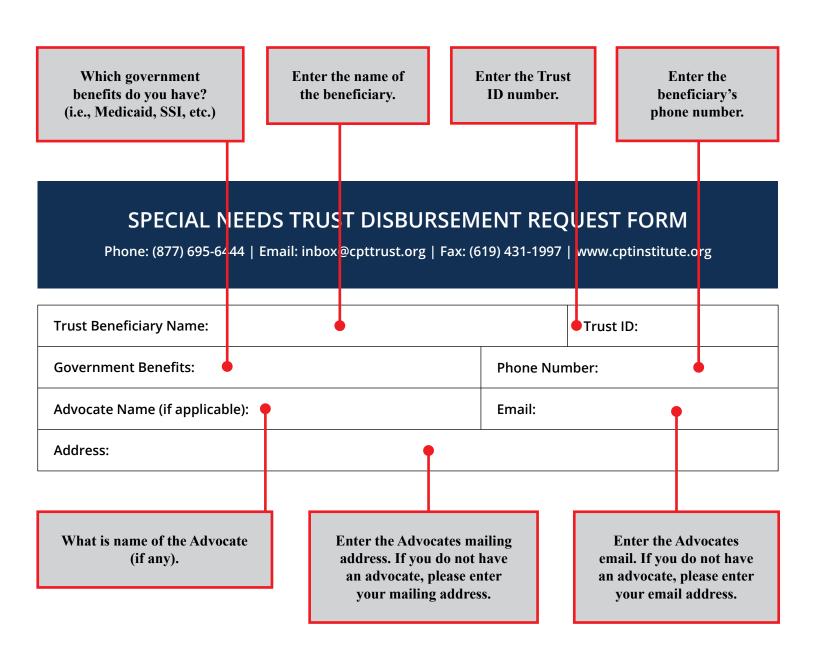


Education and training for the legal community on preserving government benefits for the injured and at-risk





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Who is the money going to?				being requested trust account?		
DISBURSEMENT MUST BE	PAYABLE TO A THIRD P	ARTY AND FOR THE BEI	NEFIT OF THE BENE	FICIARY		
PAYEE (who the check is goi	ng to/name of payee	receiving the check)		AMOUNT		
			\$			
DES	SCRIPTION (a brief de	scription of your requ	lest)			
				•		
CHECK MEMO LINE (account number, check description, etc.)						
	CHECK DESTINA	ATION ADDRESS				
	CHECK DESTINA	ATION ADDRESS				
Directly to Payee address (specify below)	☐ Adv	ocate/	☐ Trust Beneficiary			
Street:						
City:	State:		Zip:			
Where should the check go?		lress, city, state, and receiving the money.		What is the money for?		



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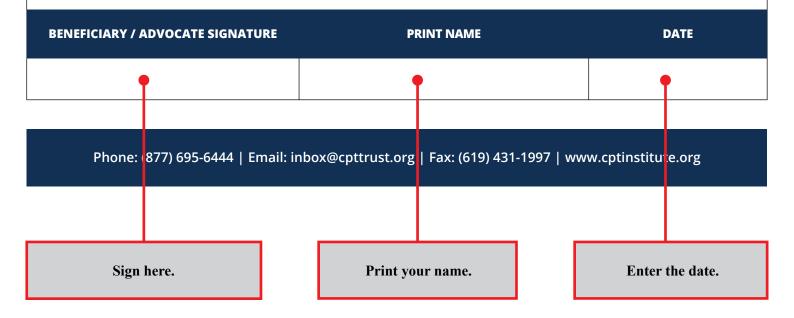
Would you like the money express mailed?						
	EXPEDITED MAIL I	REQUEST (optional)				
The fee for this service is \$35.00 This only expedites the mail time for this disbursement request, not the normal processing time required by CPT Institute.						
DISBURSEMENT TYPE (choose one)						
DIRECT PAYMENT  Direct payment to a third-party vendor.  Example: Furniture store, cell phone company, internet company, etc.	TRUE LINK CARD  Reloading funds on your True Link Card.	REIMBURSEMENT  Payment to a third-aprty individual. Example: Friends/family member purchased something for you.	CREDIT CARD  Direct payments to a credit card company. Example: Credit Card and you would like to pay for it.			
RECEIPT TRACKING REQUIREMENT						
Submitting multiple receipts, please be sure to use the attached Receipt Tracking Log.  If you are requesting to reload funds on your True Link Card or pay your credit card, please do the following:  • Enter all transactions listed on the credit card statement/True Link Card Activity Report that you would like to be counted.  • If you do not have the receipt, please enter a "0" in the Amount to pay colum.  • If you are not requesting full payment on a receipt, please enter the amount requested in the Amount to pay column and make a notation on the receipt.						
What type of payment is t	this?					



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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 beneifts and will hold the aforesaid harmless from any claims or liablity.





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Fill out this form when submitting receipts.

#### RECEIPT TRACKING LOG

Required when submitting multiple receipts

Submitting multiple receipts, please be sure to use the attached Receipt Tracking Log.

If you are requesting to reload funds on your True Link Card or pay your credit card, please do the following:

- Enter all transactions listed on the credit card statement/True Link Card Activity Report that you would like to be counted.
- If you do not have the receipt, please enter a "0" in the Amount to pay colum.
- If you are not requesting full payment on a receipt, please enter the amount requested in the Amount to pay column and make a notation on the receipt.

# **CREDIT CARD / TRUE LINK CARD Description** Receipt # **Store Name Amount to Pay Running Balance** Enter Enter the Add each receipt Enter a Enter description of the amount to have a receipt amount of store number. items purchased. each receipt. running total. name.



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Receipt #	Store Name	Description	Amount to Pay	Running Balance
This amount sh	nould match the amount	<b>Total Requested:</b> on the Disbursement Request Form	\$	
	Calcula	te total amount of all receipts.		Page of
				page numbers if more ne page of receipts.