



Community Fund Management Foundation

14955 W. Sprague Road, Suite 290 • Strongsville, OH 44136-1799

Fax: (216) 867-9783 • www.cfmf.org

Distribution Request

Please complete and return to the above office by mail or fax.

1. Agreement No. _____ (Consists of 1-2 letters and 8 numbers)
2. Designated Advocate Contact Information
Preferred Title Mr. Mrs. Ms. Other _____
Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Is this a new address? No Yes
3. Beneficiary Name _____
4. Please attach a Beneficiary Resource Record (BRR) if this is the first Distribution Request, if any information has changed, or if it has been more than 12 months since the last Distribution Request.
5. Each item included on the reverse page must include supporting documentation. There are three types of distributions from a sub-trust:
 - A. Direct Payment – Check is made payable to vendor or other third-party. CFMF will not approve a direct payment to a beneficiary in most situations.
 - i. Documentation Needed: Copy of invoice, quote, or other printout specifying item to be purchased or provided, vendor supplying good or service, and total cost.
 - B. Reimbursement – Check is made payable to the third-party who paid for the item or service.
 - i. Documentation Needed: Same as “direct payment” above plus proof that the third-party paid the expense, such as a cancelled check, copy of credit card statement, or receipt from vendor specifying name of payer and payment method. CFMF will only reimburse the person or entity who paid for the item. CFMF will not reimburse a beneficiary. There is no guarantee that a reimbursement will be approved.
 - C. Advance – Check is made payable to a third-party to purchase a good or service in the future.
 - i. Documentation Needed: Good faith estimate of cost plus any available written support depending on the type of good or service.
 - ii. Post-Distribution Documentation Needed: Copies of receipts must be submitted to CFMF within 3 months and any unused funds must be re-deposited in the trust. In the case of recurring monthly advances, receipts are required before the next advance is scheduled to be released. An optional Receipt Log is available to assist in organizing the receipts.

I declare that the information provided on this form is accurate and the distributions requested are in the best interest of the beneficiary. I understand CFMF will only reimburse the person who paid for the item and CFMF will not approve a distribution or reimbursement to a beneficiary in most situations.

Printed Name of Designated Advocate

Date

Signature of Designated Advocate

Attach additional request pages as needed.

	Item #1	Item #2	Item #3
Frequency	<input type="checkbox"/> One-Time Payment	<input type="checkbox"/> One-Time Payment	<input type="checkbox"/> One-Time Payment
	<input type="checkbox"/> Monthly Payment Start in month/year _____ End in month/year _____	<input type="checkbox"/> Monthly Payment Start in month/year _____ End in month/year _____	<input type="checkbox"/> Monthly Payment Start in month/year _____ End in month/year _____
Description (Attach additional explanation if needed.)			
Amount	\$ _____	\$ _____	\$ _____
Payment Information (Disregard sections that do not apply.)	Make Check Payable To: Name/Company _____ Vendor/Account No. _____	Make Check Payable To: Name/Company _____ Vendor/Account No. _____	Make Check Payable To: Name/Company _____ Vendor/Account No. _____
	Send Check To: Name _____ Address _____ City _____ State/Zip _____	Send Check To: Name _____ Address _____ City _____ State/Zip _____	Send Check To: Name _____ Address _____ City _____ State/Zip _____
Type	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/> Advance	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/> Advance	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/> Advance
Documentation Attached – Check All That Apply (See reverse side for required documentation)	<input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Bill <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Proof of Payment – Cancelled Check <input type="checkbox"/> Proof of Payment – Credit Card or Bank Statement <input type="checkbox"/> Other _____	<input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Bill <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Proof of Payment – Cancelled Check <input type="checkbox"/> Proof of Payment – Credit Card or Bank Statement <input type="checkbox"/> Other _____	<input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Bill <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Proof of Payment – Cancelled Check <input type="checkbox"/> Proof of Payment – Credit Card or Bank Statement <input type="checkbox"/> Other _____

TOTAL AMOUNT REQUESTED	\$ _____
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