

## The Arc of Bristol County Master Pooled Trust

## **Disbursement Request Form**

Beneficiary:	ĮF	Personal Representa	tive:	
Date:		PR Phone:		
	F	PR Email:		
Benefits (check all that apply):	SSI □	SSDI □	MassHealth/Me	dicaid □
For SSI recipients only: This request d	loes not include pa	ayment for items related	d to food or housing	
		rvice for which a d	sbursement is reques	
Item/Service Description			Amount	
	Ocation	0. Daywa ant Ontion		
	Section	2: Payment Option		
Make Check Payable To:	N	Memo on Check (e.g. lı	nvoice or account number	):
Mail Check To:				
Name:	A	Address:		
City:		State:	Zip:	
Section 1: Please lis	t the item or se	rvice for which a d	sbursement is reques	
	t the item or se vice Description	rvice for which a d	sbursement is reques	Amount
		rvice for which a d	sbursement is reques	
		rvice for which a d	sbursement is reques	
	vice Description	rvice for which a d	sbursement is reques	
	vice Description Section 2	2: Payment Option	sbursement is reques	Amount
Item/Serv Make Check Payable To:	vice Description Section 2	2: Payment Option		Amount
Make Check Payable To:	Section :	2: Payment Option Memo on Check (e.g. lı	nvoice or account number	Amount ):
Item/Serv Make Check Payable To:	Section :	2: Payment Option Memo on Check (e.g. lı		Amount ):
Make Check Payable To:  Mail Check To: Name:	Section :	2: Payment Option Memo on Check (e.g. lı	nvoice or account number	Amount ):
Make Check Payable To:	Section :	2: Payment Option  Memo on Check (e.g. li	nvoice or account number	Amount ):
Make Check Payable To:  Mail Check To: Name: City:	Section 2	2: Payment Option  Memo on Check (e.g. In  Address:  State:	nvoice or account number	Amount ):
Make Check Payable To:  Mail Check To: Name: City:  You must attach all legible r	Section 2	2: Payment Option Memo on Check (e.g. In Address: State:  Ces, or other requ	zip:	Amount ):
Make Check Payable To:  Mail Check To: Name: City:  You must attach all legible r	Section 2	2: Payment Option  Memo on Check (e.g. In  Address:  State:	zip:	Amount ):
Make Check Payable To:  Mail Check To: Name: City:  You must attach all legible r	Section 2 Section 3 Section 2 Section 3 Section 3 Section 3 Section 3 Section 4 Sectio	2: Payment Option  Memo on Check (e.g. li  Address:  State:  Ces, or other requiren the expenses	zip: ired documents and were incurred.	Amount  ):  d submit them
Make Check Payable To:  Mail Check To: Name: City:  You must attach all legible r within 60	Section  Section  Section  A  Comparison	2: Payment Option  Memo on Check (e.g. li  Address:  State:  Ces, or other requiren the expenses  for the sole benefit of	zip: ired documents and were incurred.	Amount  ):  d submit them

Send this completed form to The Arc of Bristol County Master Pooled Trust at:

**EMAIL:** The Arc of Bristol County, Trust Services, Trusts@arcnbc.org 16 Hillside Avenue, Attleboro, MA 02703 774-203-3082

Generally, disbursements are mailed within 7-10 business days. Incomplete forms will be returned to the Personal Representative or Beneficiary. FEEL FREE TO MAKE COPIES OF THIS FORM.