



# PLAN of AZ

Planned Lifetime Assistance Network  
Planning • Trust • Care

## **DISBURSEMENT REQUEST FORM**

Please use this form to request payment to a vendor or 3<sup>rd</sup> party for purchases or services for the sole benefit of a PLAN Trust Beneficiary.

Trust Beneficiary Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Total Amount of Request: \$ \_\_\_\_\_

**\*\*Please attach all ORIGINAL, ITEMIZED, and COMPLETE invoices, bills, and/or receipts!\*\***

**For purchase or payment of:**

Date of Receipt/Invoice	Name of Vendor/Place of Purchase	Items/Services Purchased (Please be as specific as possible)	Total Amount
<b>Total Amount Requested</b>			\$

(Please Continue on Other Side)

Make Check Payable to: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City/State/Zip Code

Mail Check to (if different than above): \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City/State/Zip Code

Name of Person Completing Form: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

I hereby attest, under the pains and penalties of perjury, that the purchase(s) associated with this request were made for the sole benefit of the Trust Beneficiary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Submit the completed forms with original invoices and receipts to:**

**PLAN of Arizona  
5025 E Washington St, Suite 112  
Phoenix, AZ 85034**

**602-759-8180 (o) 602-734-5493 (f)**

**plan@planofaz.org  
www.PlanofAZ.org**

If there are any questions or concerns regarding this request, a PLAN staff member will contact you. Payments are made approximately 5-10 business days after receipt of request.

Thank you! 😊