

# REQUEST FOR DISBURSEMENT FORM



Beneficiary Name: \_\_\_\_\_

Beneficiary Ph #: \_\_\_\_\_

Request Made By (name): \_\_\_\_\_

Phone #: \_\_\_\_\_

REQUESTED BY (check one):

☐  
☐

GUARDIAN/SPECIAL TRUSTEE

Other: \_\_\_\_\_

ITEM/SERVICE DESCRIPTION (describe # of items, details of receipts/invoices/online purchase)	TOTAL \$ AMOUNT
1	
Check one: <input type="checkbox"/> Direct Payment to Vendor <input type="checkbox"/> Reimbursement Request with receipts <input type="checkbox"/> Trust Assistance <input type="checkbox"/> ABLE Acct <input type="checkbox"/> True Link	

Payee name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Attachment(s)(Check Box): ☐ # of Attachments: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account# \_\_\_\_\_

ITEM/SERVICE DESCRIPTION (describe # of items, details of receipts/invoices/online purchase)	TOTAL \$ AMOUNT
2	
Check one: <input type="checkbox"/> Direct Payment to Vendor <input type="checkbox"/> Reimbursement Request with receipts <input type="checkbox"/> Trust Assistance <input type="checkbox"/> ABLE Acct <input type="checkbox"/> True Link	

Payee name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Attachment(s): ☐ # of Attachments: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account# \_\_\_\_\_

ITEM/SERVICE DESCRIPTION (describe # of items, details of receipts/invoices/online purchase)	TOTAL \$ AMOUNT
3	
Check one: <input type="checkbox"/> Direct Payment to Vendor <input type="checkbox"/> Reimbursement Request with receipts <input type="checkbox"/> Trust Assistance <input type="checkbox"/> ABLE Acct <input type="checkbox"/> True Link	

Payee name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Attachment(s): ☐ # of Attachments: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account# \_\_\_\_\_

Please check attachment box and include all relevant invoices/receipts for prompt payment.

Email to: [Requests@lifesplaninc.org](mailto:Requests@lifesplaninc.org)

Mail: Life's Plan Inc. 901 Warrenville Rd. Ste 500 Lisle, IL 60532

Fax: 630-628-1488 or go online to: [www.lifesplaninc.org](http://www.lifesplaninc.org) under resources/request form to make requests

## "TO ENSURE TIMELY AND ACCURATE DELIVERY OF YOUR REQUEST

Please complete our request form and include **SUBMITTED PHOTOS OF INVOICES AND RECEIPTS**.

When uploading your photos, **MAKE SURE TO SELECT THE SMALLEST SIZE**. Sending too many large photos may prevent your submission from going through.

Thank you for helping us process your request quickly and accurately."