



# Fund Request Form

Name of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Trust Administrator (if known): \_\_\_\_\_

Purpose of Funds: \_\_\_\_\_

Check Payable to (name and address):

Mail Check to (name and address):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If same as Payable Address, check here:

Original Receipts or Invoice Attached: YES / NO

*Please note that original receipt(s) and/or invoice(s) must be provided for reimbursements.*

Additional Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Submitted By: \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature)

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

**INTERNAL OFFICE USE ONLY**

	Transaction	APPROVAL
A. ACCOUNT #		
B. PAYEE #		
C. TRANSACTION CODE		
D. TAX INTERFACE		



## Request to Begin Standing Order / Drop Down Payments

Name of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Trust Administrator (if known): \_\_\_\_\_

Purpose of Funds: \_\_\_\_\_

Check Payable to (name and address):

Mail Check to (name and address):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If same as Payable Address, check here:

Please make this payment:    UPON RECEIPT

MONTHLY

*I authorize Achieva Family Trust to pay the bill/disbursement as stated above beginning immediately until cancellation notice or ending date is given to Achieva Family Trust.*

Additional Instructions: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Submitted By: \_\_\_\_\_  
 (Print)

\_\_\_\_\_  
 (Signature)

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

**INTERNAL OFFICE USE ONLY**

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# Mileage Form

Name of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Trust Administrator (if known): \_\_\_\_\_

Date	Destination/Purpose	Mileage	Rate	Total
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
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			0.58 / mile	
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			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
			0.58 / mile	
		<b>Total Miles</b>	<b>Total \$</b>	

Check Payable to (name and address):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mail Check to (name and address):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If same as Payable Address, check here:

Submitted By: \_\_\_\_\_  
 (Print)

\_\_\_\_\_  
 (Signature)

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

INTERNAL OFFICE USE ONLY			
	Transaction		APPROVAL
A. ACCOUNT #			
B. PAYEE #			
C. TRANSACTION CODE			
D. TAX INTERFACE			



# Service Form

Name of Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Trust Administrator (if known): \_\_\_\_\_

*I am requesting that Achieva Family Trust, as trustee, make a distribution from a trust for the benefit of the above named Beneficiary. The distribution will be used to cover the cost of services I have arranged for the Beneficiary as indicated below. Achieva Family Trust has not been involved in selecting, scheduling, training, supervising, providing instruction to or otherwise controlling the work of the service provider. I understand that Achieva Family Trust is not employing the service provider and is not responsible for withholding or paying federal, state, or local income tax, or payroll tax of any kind, on behalf of the service provider. I also understand that Achieva Family Trust does not provide any type of insurance (including workers' compensation) for the service provider.*

Date	Type of Service Provided	Hourly Rate	Time In/ Out	Hours Worked	Total Due
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				<b>Total Hours</b>	<b>Total Dollars</b>
					\$

Check Payable to (name and address):

Mail Check to (name and address):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If same as Payable Address, check here:

Submitted By: \_\_\_\_\_  
 (Print)

\_\_\_\_\_  
 (Signature)

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

INTERNAL OFFICE USE ONLY			
	Transaction		APPROVAL
A. ACCOUNT #			
B. PAYEE #			
C. TRANSACTION CODE			
D. TAX INTERFACE			