



NON PERMANENT PAYMENT REQUEST

Name of Fund: _____

Date of Request: _____

I/We request the following distribution(s) be made from the above fund to the following organization in the amount listed below. (Attach additional pages if necessary and agency minutes showing authorization for this payment request.)

ORGANIZATION NAME (S) ADDRESS (ES) & PHONE(S):	PURPOSE(S) OF DISBURSEMENT SPECIAL INSTRUCTIONS:	RECOMMENDED AMOUNT(S):
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1. _____

2. _____

3. _____

4. _____

All disbursements are subject to approval by the NICF Board of Directors. A notification letter and check will be sent to the recipient(s) and a copy will remain on file.

Donor/Non Permanent Fund Advisor Printed Name *Donor/Non Permanent Fund Advisor Signature*

Address *Daytime Telephone Number*