Personal Support Trusts
Disbursement Request Form

The Foundation for The Arc of Northern Virginia
98 N Washington Street, Falls Church, VA 22046
Fax: 571-641-3222

Beneficiary Name: _____ Sub-Account # _____

Requesting (Please Mark One) ☐ Check
☐ Money Order ** Additional fees will be added **

Make Payable to: _____

Mail the check to: The Arc of Northern Virginia, 98 N Washington St, Falls Church, VA 22046_____

Payment Amount: $_____ Date Needed: _____

Memo on Check (I.e. account number) _____

Purpose of request: _____

Please enclose copies of bills, statement or receipts if applicable.

NOTE:
Disbursement requests will be processed by the Arc of Northern Virginia on **the 1st and 15th** of each month. If the 1st or 15th falls on a weekend or the staff is unavailable because of vacation or illness, decisions will be made within 5 business days, or a substitute decision maker will serve. Emergency situations will be addressed individually.

Once the request is sent to SunTrust; the check will be sent to the Arc and forwarded to you in **approximately ten days.**

Some Disbursement requests may require additional review or additional documentation; such as receipts. Certain expenses may require prior submission to and denial by a government agency to be considered a legitimate supplementary expense.

Requested by: _____ Date: _____

Signature: _____

- o Approved: Sent to Trustee on _____
- o Disapproved : Reason _____

Signature: _____ Authorized Date: _____

Updated 10/2010
K: Disbursement Request Form