



**FISCAL SPONSORSHIP FUND
Disbursement Form**

Instructions: If you wish to request a disbursement from your fund, complete this form.

Fund Information

Fund Name: _____ Fund Balance: \$ _____

Recommended Payment(s)

1. Business/Organization Name: _____ Amount: \$ _____

Address: _____
Street City State Zip Code

Purpose of disbursement: _____

Additional Information/Instructions: _____

Invoice attached: _____

2. Business/Organization Name: _____ Amount: \$ _____

Address: _____
Street City State Zip Code

Purpose of disbursement: _____

Additional Information/Instructions: _____

Invoice attached: _____ W-9 attached: _____

Approved Authorization

Signature: _____ Date: _____ Phone: _____

Signature: _____ Date: _____ Phone: _____

**Submit form to:
Grand Island Community Foundation, 1811 W. 2nd Street, Suite 480, Grand Island, NE 68803
or attach the form(s) in an email to info@gicf.org.**

Thank you for allowing the Grand Island Community Foundation to assist you.