

Client Disbursement/Distribution Request Form

When Completed Fax to: (510)749-8376 or Email to: _____

Today's Date _____

Client's Name _____

Requester's Name _____ Relationship to Client _____

Requester's Contact Information _____

For Bill Payment: (One request per form)

Payee Name _____ Payee Account # _____

Payee Address _____ Amount \$ _____

Reason for Payment: _____

Original invoices and/or receipts from payee/creditors "must" be faxed or emailed with this form
All disbursements must be payable to a 3rd party
Please allow 5-7 business days to process request to completion.
ALL REQUESTS WILL BE ACKNOWLEDGED UPON RECEIPT – PLEASE CONTACT US IF WE DO NOT
ACKNOWLEDGE RECEIPT OF YOUR REQUEST (510)749-8358

For Item/Service Purchase: (One item per form)

Store/Website Name _____ Item or SKU# _____

Store/Website Address _____ Amount \$ _____

Contact Information _____

Reason for Purchase _____

For Office Use Only - Herb Thomas & Associates

Approved (signature) _____ Date _____

Denied (signature) _____ Date _____

Reason for Denial _____