



NEW FAIRFIELD Community Foundation

FUND DISBURSEMENT AND REIMBURSEMENT FORM

Date: _____

Name of Fund: _____

Name of person(s) designated to request disbursements: _____

This is a request for a disbursement of: \$ _____

To: _____

For the following purpose: _____

Attach All Actual Receipts for Reimbursement

Signature

Date

Please Send Completed Form To:
New Fairfield Community Foundation
1 BRUSH HILL ROAD, SUITE 307
NEW FAIRFIELD, CT 06812-2667
P: (203) 746.9833 | F: (203) 312.8245
E: info@newfairfieldfoundation.org
W: www.newfairfieldfoundation.org