

Withdraw/Payment Request

FISCALLY SPONSORED AUTHORIZATION FOR FUNDS

I (we) on behalf of _____ (organization) hereby requests RevComm Foundation for a disbursement of funds. Below information is to be used for review of approval of funds.

Recommended Payment: Payment Reimbursement

Date: _____ Amount: \$ _____

Name of Business/Organization

Address of Business/Organization – City State & Zip

Purpose of Disbursement

Additional Notes

Invoice Attached: Yes No

W-9 Attached: Yes No

Project Liaison Signature

Date

RevComm Foundation Approved Authorization

Date