



Master Special Needs Pooled Trust Vacation Disbursement Request Form

Trust Beneficiary's Name _____

Date _____

Scheduled Dates for Trip _____

To _____

Description of Trip:

Person's attending trip and relationship to Trust Beneficiary:

Vacation Expenses:

Housing/Hotel	Transportation	Food	Other	Total

Make check payable to: _____

Address of Payee: _____

Mail check to: _____

(if different than above) _____

By signing below I am certifying that all items listed above were purchased for the sole benefit of the Trust Beneficiary. Payment for expenses will be paid for the beneficiary only and one accompanying person if unable to travel alone. I acknowledge that receipts for all expenses must be submitted no later than 2 weeks after returning from trip.

Printed name of person authorized to request disbursement

Signature of person authorized to request disbursement

Date _____

Submit this form along with all supporting receipts, documentation, etc. to:

Berkshire County Arc	
Attn: Melissa Francoeur	Email: mfrancoeur@bcarc.org
PO Box 2	Fax: 413-445-7863
Pittsfield, MA 01202	

For Office Use Only

Date Received:

Reviewed By: _____ Approved By: _____

