Date:

Organization name:

Project file number:

Project Title:

To: President, Golden LEAF

Organization name requests a disbursement in the amount of $      . In making this request, I certify that Organization name:

* Needs the sum requested at this time to carry out the project identified above;
* Has performed in accordance with the terms and provisions of the Grantee Acknowledgment and Agreement; and, therefore,
* Is eligible under the terms of the Agreement to receive the amount requested.

I certify that the information contained in financial information submitted in support of this Disbursement Request, is true, accurate and complete as of the date of its submission.

I further certify that I have the authority to make this request.

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| --- |
|  |
| Signature |
|       |
| Name of person signing |
|       |
| Title of person signing |
|       |
| Date (mm/dd/yyyy) |

|  |
| --- |
| If banking information or payee contact has changed, please complete a new [Grantee ACH Deposit Authorization Form](https://www.goldenleaf.org/wp-content/uploads/2020/10/ACH-Deposit-Authorization-Form.pdf) and mail or fax as instructed on the Form. If there has been no change in banking or payee contact information, check here. [ ]  |