



Vendor Payment Request Form

Trust Name: _____
Trust Account #: _____

Amount Requested: \$ _____

Vendor Information:

Company Name: _____
Address: _____

Phone: (____) _____

TAX ID: _____

Insurance Provider: _____
Policy # _____

Physical Check Instructions:

Payee: _____

Mailing Address: _____

- Please research competitive quotes.
- Check will be sent to the beneficiary/beneficiary representative payable to the vendor.
- Checks will be provided for payment in installments: half up front; remainder when job is done to the satisfaction of the beneficiary/beneficiary representative.
- Distribution will be reviewed within 5 business days from receipt.
- All distributions must be approved by a CTS trust administrator.
- Tax ID required for payment.

Authorized Signature

Date

Authorized Signature

Date