

6201 Leesburg Pike  
 Suite 403  
 Falls Church, VA 22044  
 Part of the National Heritage Family



**CDP**  
 CONGRESSIONAL  
 DISTRICT PROGRAMS

Empowering People to Help People

Phone: 800.986.4483  
 Fax: 703.820.5100  
 Email: cdp@nhf.org  
 Web: www.cdprograms.org

## DISBURSEMENT REQUEST FORM

Please fill out this from completely when requesting disbursements to be made from your program. Please be sure to include a telephone number where you can be reached if we have any questions. You may mail or fax the completed form to CDP at the address above. Include original receipts when requesting reimbursements. Please PRINT CLEARLY. See instruction sheet for additional information. Please see Activity Code Sheet for details on codes. Allow 3-5 business days for processing upon receipt.

**Your Project Name:** \_\_\_\_\_ **Project #:** \_\_\_\_\_

**1.) Activity Code\*:** \_\_\_\_\_ **Payable to (Name& Address):** \_\_\_\_\_ **Tax ID# (SSN/EIN):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Justification:** *(Explain how this expenditure helps you accomplish your Program's charitable purpose)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Fed-Ex (Overnight)\*\*  Bank Wire\*\*  Priority USPS\*\*  Next Day\*\*  Same Day\*\* (\*\*Fees Apply - See Instruction Sheet)

**Amount:**  
 \$ \_\_\_\_\_  
**Send Check:**  
 Directly to Payee  
 To My Address  
 via Special Delivery\*\*

**2.) Activity Code\*:** \_\_\_\_\_ **Payable to (Name& Address):** \_\_\_\_\_ **Tax ID# (SSN/EIN):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Justification:** *(Explain how this expenditure helps you accomplish your Program's charitable purpose)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Fed-Ex (Overnight)\*\*  Bank Wire\*\*  Priority USPS\*\*  Next Day\*\*  Same Day\*\* (\*\*Fees Apply - See Instruction Sheet)

**Amount:**  
 \$ \_\_\_\_\_  
**Send Check:**  
 Directly to Payee  
 To My Address  
 via Special Delivery\*\*

**3.) Activity Code\*:** \_\_\_\_\_ **Payable to (Name& Address):** \_\_\_\_\_ **Tax ID# (SSN/EIN):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Justification:** *(Explain how this expenditure helps you accomplish your Program's charitable purpose)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Fed-Ex (Overnight)\*\*  Bank Wire\*\*  Priority USPS\*\*  Next Day\*\*  Same Day\*\* (\*\*Fees Apply - See Instruction Sheet)

**Amount:**  
 \$ \_\_\_\_\_  
**Send Check:**  
 Directly to Payee  
 To My Address  
 via Special Delivery\*\*

I certify that none of the above named payees is a donor to my CDP Program nor does any donor have any advisory privileges as to my program or the investments thereof. I further certify that none of the above persons are a family member of a donor to my program (this includes spouses, siblings "by the whole or half blood," and their spouses, children, grandchildren, great grandchildren and spouses of children, grandchildren, or great grandchildren). If the named payee is an organization, I certify that no donor to my program, nor any person related to the donor, owns 35% or more of such organization directly or indirectly. All disbursements requested above will not result in the imposition of any tax pursuant to sections 4966 and 4967 of the Internal Revenue Cod nor will such disbursements be made to any "disqualified persons" as defined in section 4958 of the Internal Revenue Code.

**PROGRAM MANAGER USE ONLY:** Total Disbursement Request: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\*Common Activity Codes: 5010 Printing & Postage // 5016 Program Related Supplies // 5030 Rent & Occupancy // 5070 Tel. Expense // 5080 Travel Expense // 5100 Donations to other Charities // 5120 Equip. Rentals & Repairs // 5125 Equip. Purch. under \$2500 // 1620 Equip. Purch. over \$2500 // 5130 Fundraising // 5150 Health Insurance Premiums // 5170 Media & Prod. Expense // 5190 Office Expenses // 5200 Consulting (W-9) // 5240 Publications

**CDP STAFF USE ONLY:**  
 Authorized By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Justification Stamp: \_\_\_\_\_