



REQUEST FOR REIMBURSEMENT/DISBURSEMENT

- **ALL REQUESTS MUST BE FOR THE SOLE BENEFIT OF THE BENEFICIARY**
- **ALL REQUEST FOR FUNDS MUST HAVE RECEIPTS AND/OR QUOTE FOR EXPENSES TO BE ELIGIBLE FOR REIMBURSEMENT/DISBURSEMENT**
- **REQUESTS WILL BE PROCESSED WITHIN 10 BUSINESS OF RECEIPT OF REQUEST.**
- **DEPENDING ON THE REQUEST ADDITIONAL INFOMRATION MAY BE REQUIRED.**

BENEFICIARY _____ **ADVISORY CO-TRUSTEE:** _____

CARETAKER _____ **I verify Timesheets Are Attached**
 Number of Hours Worked: _____ **TOTAL:** _____
 Hourly Rate: _____

TRANSPORTATION (Receipts Attached) _____ **% Used on behalf of Beneficiary:** _____
 Gas/Fuel: _____
 Mileage: _____
 Repair/Maintenance (Total) : _____
 Car Payments (must have lien on file): _____
 Insurance/Tag: _____

SUPPLIES (Receipts Attached) _____ **I verify Receipts/Quotes/Invoices/Estimates Are Attached**
 Clothing: _____
 Personal Hygiene/Grooming: _____

EDUCATION (Receipts Attached) _____ **I verify Receipts/Quotes/Invoices/Estimates Are Attached**
 Tuition (School, Camps, Classes): _____

MEDICAL AND THERAPIES _____ **I verify Receipts/Quotes/Invoices/Estimates Are Attached**
 Doctor/Medical Visits: _____
 Therapy/Rehabilitation Visits (OP/PT): _____
 Medical Supplies: _____
 Medications: _____

ENTERTAINMENT (Receipts Attached) _____ **I verify Receipts/Quotes/Invoices/Estimates Are Attached**
 Recreation/Hobbies//Movie/Concert Tickets: _____
 Cable/Media Subscriptions (Netflix, etc.): _____
 Internet: _____
 Other: _____

HOUSEHOLD (Please note household expenses must be divided by the number of individuals living in the home.)
I verify Receipts/Quotes/Invoices/Estimates Are Attached _____ **Number in Household:** _____
 Phone/Cell Phone (Beneficiary Only): _____
 Household Cleaning Supplies: _____
 Maintenance/Repairs/Modifications: _____

OTHER (Receipts/Quotes/Invoices/Estimates Must Be Attached) (Please List Below or attach additional information)

Descriptor	Vendor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL TO BE REIMBURSED: \$ _____

Disbursement Instructions:	<input type="checkbox"/> ACH <input type="checkbox"/> CHECK <input type="checkbox"/> WIRE Must complete a Wire Disbursement Form*
	TRUE LINK CARD* Must provide all previous receipts before a new funding request can be processed. <ul style="list-style-type: none"> • Card Name to Disburse Funds: _____
	ABLE ACCOUNT <ul style="list-style-type: none"> • Must provide documentation showing deposits into the ABLE account for the current calendar year to confirm the transfer will not exceed the maximum annual deposit amount allowed for ABLE accounts (\$14,000). • Must provide all documentation including receipts, quotes, invoices, and/or estimates to be eligible for deposit. • Advisory Co-Trustee is responsible for reporting all utilization of funds to the Social Security Administration. • GCT of BDI is not responsible for monitoring, documenting, or reporting any activity of ABLE accounts. • GCT of BDI is not responsible for any adverse effects on the beneficiary's means tested benefits based on the use of funds once they are deposited into the ABLE account.

*By signing as trustee: I acknowledge that this is for the **sole benefit of the Beneficiary** of the sub-account. I hereby attest that this reimbursement form accurately reflects the amounts submitted for reimbursement. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that falsification, omission, or concealment of this information may subject the beneficiary to loss of SSI/Medicaid, and/or payback of funds to the beneficiary's sub-account.

<p>DATE _____</p> <p>Address Changed: No Yes If Yes, Address: _____</p> <p>Email: _____ Phone: _____</p> <p><i>Georgia Community Trust of BDI</i></p>	<p>SIGNATURE OF TRUSTEE _____</p>
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