




DISBURSING ORDER

DATE ISSUED		DISBURSING ORDER M992112
 "VERIFICATION BOX" (to left of arrow, hold between thumb and forefinger, or breathe on it. Color will disappear, then reappear)		DR NUMBER

MERCHANT: SEE BACK FOR INSTRUCTIONS / ALL ITEMS IN RED MUST BE COMPLETED

MERCHANT'S NAME	DELIVER ARTICLES OR SERVICES TO	BENEFICIARY'S NAME (Last, First)
STREET ADDRESS		STREET ADDRESS
CITY AND STATE AND ZIP		CITY AND STATE AND ZIP

THIS ORDER MUST BE PRESENTED TO THE MERCHANT WITHIN 15 DAYS OF THE DATE ISSUED

ARTICLE OR DESCRIPTION OF SERVICE	UNIT PRICE	AMOUNT

MERCHANT - PLEASE ATTACH ITEMIZED LIST

NO PAYMENTS WILL BE MADE FOR SUBSTITUTIONS, ALCOHOL, OR TOBACCO

CHARGE IS NOT TO EXCEED: _____ dollars (\$ _____)

AUTHORIZED BY: <i>(Signature)</i>	SIGNATURE OF BENEFICIARY
AUTHORIZED BY: <i>(Printed Name)</i>	SIGNATURE CASEWORK SUPERVISOR (if applicable)

CLIENT ACCEPTANCE OF GOODS OR SERVICES:

SIGNATURE (AND RELATIONSHIP IF NOT BENEFICIARY) DATE SIGNER'S IDENTIFICATION - **REQUIRED**

MERCHANT CERTIFICATION OF DELIVERY:

DISCOUNTS APPRECIATED

I (We) have read the back of this form and certify that the articles have been delivered to (or the services have been performed for) the beneficiary as authorized on this order and that payment therefore is due in the amount of \$ _____

(Name of person or firm) By _____ (Name and title of official signing) _____ (Taxpayer Identification Number)

TAX EXEMPT WHEN APPLICABLE

CHAPTER CODE	P S C	SYMBOL	DISBURSING ORDER M992112
COUNTY CODE	CHECK NO.	CLASSIFICATION	CASE NO.
LIST NO.	AUDITED	PASSED FOR PAYMENT (ACCT. OR TRES.)	APPROVED (CHAIR OR DIRECTOR)

Prepare in quadruplicate: ORIGINAL (top) and GREEN copy to the beneficiary for delivery to the merchant; YELLOW copy to the accounting office; PINK copy for case record.

ORIGINAL — RETURN TO RED CROSS TO RECEIVE PAYMENT

American Red Cross disaster assistance is provided to people in need without charge. This is made possible by voluntary donations from the American people.