



**DISBURSING ORDER**

DATE	NAME AND ADDRESS OF RED CROSS OFFICE <b>AMERICAN RED CROSS                  DISASTER ACCOUNTING, JP/5                  8111 Gatehouse Road                  Falls Church, VA 22042</b>	DISBURSING ORDER <b>BB158701</b>  DR. NO.
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For accounting customer service call  
(1-800-967-2432)

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

MERCHANT'S NAME	DELIVER ARTICLES TO OR RENDER SERVICES FOR	BENEFICIARY'S NAME
STREET ADDRESS		STREET ADDRESS
CITY AND STATE AND ZIP		CITY AND STATE AND ZIP

**THIS ORDER MUST BE PRESENTED TO THE MERCHANT WITHIN 30 DAYS OF THE ABOVE DATE**

QUANTITY	ARTICLE OR DESCRIPTION OF SERVICE	UNIT PRICE	AMOUNT

**NO SUBSTITUTIONS - NO ALCOHOL**

**TAX EXEMPT WHEN APPLICABLE**

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

AUTHORIZED BY:	SIGNATURE OF BENEFICIARY
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**CLIENT CERTIFICATION OF RECEIPT OF GOODS AND / OR SERVICES:**

SIGNATURE (AND RELATIONSHIP IF NOT BENEFICIARY)	DATE	SIGNER'S IDENTIFICATION
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**MERCHANT CERTIFICATION:**

**DISCOUNTS APPRECIATED**

I (WE) certify that the articles have been delivered to (or the services have been rendered for) the beneficiary authorized on this order and that payment therefor is due in the amount of \$ \_\_\_\_\_

(Name of person or firm)

By \_\_\_\_\_  
(Name and title of official signing)

AUDITED	PASSED FOR PAYMENT (ACCT. OR TREAS.)	SYMBOL	DISBURSING ORDER <b>BB158701</b>
LIST NO.	APPROVED (CHAIRMAN OR DIRECTOR)	CLASS	CASE NO.
		CHECK NO.	

This form shall be prepared in quadruplicate: WHITE (original) and GREEN sheets shall be given to the beneficiary for delivery to the merchant; YELLOW copy shall be forwarded to the person responsible for the audit and payment of bills; PINK copy is for case record.

**ORIGINAL COPY - RETURN TO RED CROSS TO RECEIVE PAYMENT**

Assistance to disaster sufferers is GIVEN - not loaned.

American Red Cross Form F140N (9-98)