



DISBURSING ORDER

DATE	American Red Cross Shared Services Center	DISBURSING ORDER BB158701
	By mail: P.O.B. 410500 Charlotte NC 28241-0500	By overnight delivery: 600-A Forest Point Circle Charlotte NC 28273
For Accounting Customer Services: 1-888-319-4695		
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
A			

NO SUBSTITUTIONS - NO ALCOHOL

TAX EXEMPT WHEN APPLICABLE

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

AUTHORIZED BY: _____ SIGNATURE OF BENEFICIARY: _____

CLIENT CERTIFICATION OF RECEIPT OF GOODS AND / OR SERVICES:

SIGNATURE (AND RELATIONSHIP IF NOT BENEFICIARY) _____ DATE _____ SIGNER'S IDENTIFICATION _____

MERCHANT CERTIFICATION:

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

DISCOUNTS APPLICATED

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

AUDITED	Chapter Code	PSC	Symbol	DISBURSING ORDER BB158701
LIST NO.	County Code	Check Number	Class	CASE 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 (9-05)