



**Fiscal Sponsorship Fund  
Distribution Request**

Date \_\_\_\_\_

We request a distribution of \$ \_\_\_\_\_ from \_\_\_\_\_ Fund.

( ) Check if this is a reimbursement.  
and attach receipts.

To: \_\_\_\_\_  
Person/Organization/Company

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Please make this distribution ( ) as soon as possible OR ( ) on \_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose of distribution**

\_\_\_\_\_  
Please print your name and title

\_\_\_\_\_  
Please print your name and title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Note: Checks are processed weekly.

Send this distribution request form to  
Illinois Prairie Community Foundation  
915 E Washington St, Suite 2  
Bloomington IL 61701

<b>For Office Use Only:</b>	
_____ Date Approved	_____ Approved By