



Exhibit B

alameda county health care foundation

1411 East 31st Street v Oakland, California 94602 v (510) 535-7424 v Fax (510) 532-0168

Donor Advisory Funds Disbursement OR Deposit of Funds Request

DATE OF REQUEST _____

PROGRAM NAME _____

AUTHORIZED CONTACT _____ DEPARTMENT _____

PHONE NUMBER _____ FAX NUMBER _____

***AUTHORIZATION SIGNATURE** _____

DEPOSIT CURRENT NEW FUND* DEPOSIT AMOUNT OF \$ _____

DEPOSIT TYPE _____

FROM: _____

*SPECIAL INSTRUCTIONS _____

DISBURSEMENT CHECK IN THE AMOUNT OF \$ _____

MAKE CHECK PAYABLE TO: _____

MAIL TO: _____

ADDRESS _____

CITY, STATE, ZIP _____

QIC CODE _____

REASON FOR REQUEST:
(be specific: project name, type of service rendered, etc.) _____

*SPECIAL INSTRUCTIONS _____

INSTRUCTIONS:

- Ø Please attach all pertinent documentation to support your request, i.e., **original** receipts, invoices, cancelled checks, etc. Small receipts must be mounted on 8.5"x11" paper. **This form and supporting documents must accompany all requests.** All requests will be reviewed for approval in accordance with your Memorandum of Understanding.
- Ø Requests for contractor payments must be submitted with an invoice and time sheet and will be paid **ONLY** if a **W-9** form and a **Contractor Standard Agreement** form are on file in the Foundation office. Payment will be made on the same schedule as other disbursements (see below)
- Ø Submit all requests to **Cherlyn L. Spencer, Alameda County Health Care Foundation / QIC 22103, 1411 East 31st Street, Oakland, CA 94602.**
- Ø Requests must be received by the **25th** of each month (or the first business day thereafter if the 25th falls on a weekend day).
- Ø All disbursement checks will be ready by **5:00 PM on the 5th** of the following month (or the first business day thereafter if the 5th falls on a weekend day).
- Ø **Late submissions will not receive a disbursement check on the 5th but will be held until the following disbursement period**

FOUNDATION OFFICE USE ONLY

Approval _____ Date _____ Acct. # _____