

**ARIZONA REALTORS® DISASTER ASSISTANCE FOUNDATION**

**DISBURSEMENT REQUEST FORM**

DATE: \_\_\_\_\_ TOTAL AMOUNT TO BE RELEASED: \$ \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

AMOUNT	PAYEE'S NAME AND ACCOUNT #	ADDRESS	DATE TO PAY	# OF PAYMENTS	SUPPORTING DOCUMENTS ATTACHED? YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO
\$					YES / NO

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**ADDITIONAL INSTRUCTIONS:**

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By submitting this Disbursement Request Form, the undersigned covenant and agree as follows: (1) the above-requested disbursements have been approved by the association pursuant to its applicable bylaws, policies and procedures; (2) the above-requested disbursements are for charitable purposes and meet the goals and objective of ARDAF; and (3) the association shall defend, indemnify and hold ARDAF, its members, officers, agents, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits, including attorneys' fees, arising out of or in conjunction with this request and disbursement.

**By:** \_\_\_\_\_ **of** \_\_\_\_\_ **REALTOR® Association**

**Its:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Association Executive**

\_\_\_\_\_  
**Date**