



**Fiscal Sponsorship Vendor Payment/Distribution Requests**

**Project Leader Instructions:** Please submit one invoice or disbursement request per form. Answer all questions and attach all required documentation.

**Please note that individuals may be reimbursed for fiscal sponsorship project expenses ONLY with adequate receipts and explanation and by following the process at this link**

Requests submitted by midnight on Tuesday are processed on the following Thursday each week, unless a holiday adjusts the CFO schedule. These checks are mailed on Friday.

Requests may be submitted via mail to 300 S. Jefferson, Springfield MO 60806 or email to [awalden@cfozarks.org](mailto:awalden@cfozarks.org).

Save time — fill out this form online! Submit a receipt for reimbursement at <http://www.cfozarks.org/fiscalsponsorships>.

Please reach out to Ashley Walden at [awalden@cfozarks.org](mailto:awalden@cfozarks.org) or 417-864-6199 with any questions about the schedule or process.

1. Date: \_\_\_\_\_
2. Submitter Name: \_\_\_\_\_
3. Fund/Project Name: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Select type of organization this disbursement will go to:
  - Church
  - Nonprofit — 501(c)3
  - School
  - Government Entity
  - Vendor/Business
7. Name of organization the disbursement/payment goes to:

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8. Description of charitable purpose of payment/disbursement. \_\_\_\_\_

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9. Notes to be added to this request: \_\_\_\_\_

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10. Delivery method for this payment/disbursement (Check one)

- Mail to vendor
- Pick up check
- Mail to the person submitting request
- Mail to different address/different contact than vendor
- Overnight mail (fee will be charged to your fund)
- Certified mail (fee will be charged to your fund)
- FedEx (fee will be charged to your fund)
- Interfund Transfer (IFT) from a fund at the CFO to the project fund

11. If the payment/disbursement needs to be mailed to an address different than the address listed on the invoice, please enter that alternate address below.

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12. Is there any conflict of interest with a key member of the project (i.e., project advisory committee, project leaders, etc.) benefitting from this payment? If so, please describe:

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**Required Attachments:**

- 13. If expense is over \$5,000 for a service, please upload a copy of the contract here.
- 14. If payment/disbursement is being paid to a vendor providing a service, please upload a certificate of insurance.
- 15. Please attach completed W-9 for the organization receiving payment.
- 16. Please attach invoice or any other documentation for the payment/disbursement.