

Social & Environmental Entrepreneurs (SEE)
Disbursement for Services Form

Instructions: Please fill out this form completely. Then mail or fax the pages to the SEE offices to the address below. Please DO NOT e-mail, as the signature of the Project Director is required for all disbursement forms.

MAKE CHECK PAYABLE TO:

Legal Name: _____ Date: _____
*Legal Address: _____ SEE Project Name: _____
City, State: _____ Project Telephone: _____
Zip, Country: _____ Project Email / Fax: _____
**SSN or EIN: _____ In what state/country was the work performed? _____

For CA residents: Is the payee covered by Worker's Compensation insurance? Yes / No If Yes, attach proof.

**The legal name and address of the vendor (who might receive a 1099) must be provided. However, if the check should be sent to a different address or made out to another name, please note that address here:*

***Social security numbers (SSN) are for individuals or sole proprietors. Employee ID numbers (EIN) are for businesses.*

One of these numbers is required in order for the disbursement to be made.

Dates Worked	Description of duties: If you do not have a professional bill/invoice, please describe here <i>in detail</i> the work that was performed (dates/times worked, what jobs were done, and why). Use backside if you need more room for the description. Otherwise copy the info from the bill/invoice here.	Hours Worked
TOTAL HOURS		
x Hourly Rate		\$
TOTAL AMOUNT DUE		\$

Project Director (Print Name)

Signature of Project Director (Required)