PLAN of MASSACHUSETTS and RHODE ISLAND, INC.

Updated 10.2024

Beneficiary Name: _____ Date: _____

Account Number: WTC _____

ADDITIONAL SPACE FOR DISBURSEMENT REQUESTS

Date of Receipt/Invoice	Vendor/Place of Purchase	Item(s)/Service(s)Purchased	Receipt/Invoice Total	Itemized Receipt/Invoice Attached
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		Total (this page):		

Please note: This form is for additional space only and will not be accepted as a disbursement request without a completed and signed Disbursement Request Form.