



TOWN OF HUDSON

Trustees of Trust Funds

12 School Street • Hudson, New Hampshire 03051 • Tel: 603-886-6014 • Fax: 603-598-6481

APPLICATION FOR PAYMENT FROM CAPITAL RESERVE OR TRUST

(All requests for payment must be submitted using this form.)

Submitted by: _____

(Selectman, School District Unit 81, Cemetery Trustees, Sewer Utility Committee, Other)

Date request submitted: _____ Date payment required: _____

Printed name of person submitting request: _____

Title of person submitting request: _____

Deliver payment to: _____

Signature of person submitting request: _____

Signature of Finance Director: _____

Submitted pursuant to:

_____ Action as agent to expend.

_____ Warrant article approved at town/school district annual or special meeting.

_____ This request is for only a portion of the amount authorized by the article

_____ This request is for the total amount authorized by the article in question or represents the final payment in a series.

_____ Trustees of Trust Funds, as agents to expend.

Amount of distribution requested: _____

(Attach copy of invoice/documentation for services and/or perpetual care maintenance and lots covered by Trust Fund.)

Name of fund from which payment is requested: _____

Date and warrant article number which authorizes this request: _____

Or

Date and minutes of meeting by boards and trustees authorizing withdrawal: _____

(Enter the date of the meeting and attach a copy of approved minutes documenting authorization.)

NOTE: All payments will be made by check unless special arrangements have been made in advance with the Trustees of Trust Funds. Allow 5 to 12 business days for delivery of payment.