TRUST INCOME DISTRIBUTION RECEIPT

Charitable Trust Distribution

Receipt Number: _____ **Date:** _____

TRUST DETAILS

Name of Trust: _____

Trustee Name(s): _____

Address: _____

BENEFICIARY (NONPROFIT) DETAILS

Organization Name: _____

EIN / Tax ID: **Status:** 501(c)(3)

Address: _____

DISTRIBUTION DETAILS

Description / Source of Funds	Distribution Type (Income/Principal)	Amount ($)
	Total Distributed:	

Amount in Words: _____

Restricted Use (if any): _____

ACKNOWLEDGMENT & DECLARATION

The undersigned, being an authorized representative of the Beneficiary organization, hereby acknowledges receipt of the trust income distribution described above. The Beneficiary certifies that these funds will be used in accordance with the terms of the governing trust instrument and exclusively for charitable purposes as defined under Section 501(c)(3) of the Internal Revenue Code.

Authorized Representative Signature	Date
Printed Name	Title / Position

Please retain a signed copy of this receipt for trust accounting and tax reporting compliance.