CHARITABLE TRUST DISTRIBUTION RECEIPT

Receipt No:

Date:

Trust Reg No:

Tax Exempt No:

RECIPIENT / BENEFICIARY INFORMATION

Name:

Organization:

Address:

Contact No:

DISTRIBUTION DETAILS

Item / Ref No.	Description of Distribution / Purpose	Method of Transfer

Total Paid	

I , _____, on behalf of _____, hereby acknowledge receipt of the distribution amount specified above from _____. These funds/assets are accepted in accordance with the terms, purposes, and conditions of the distributing Trust.

_____

Authorized Representative Signature

_____

Recipient / Beneficiary Signature