Chisholm Trail 100 Club, Inc.

Disbursement Request Form

This form is for use in any situation in which the Chisholm Trail 100 Club, Inc. is requested to review for disbursement including but not limited to death in the line of duty or injury in the line of duty. This form shall be completed by the Chief of the affected department before review by the Chisholm Trail 100 Club's disbursement committee. Submission of Disbursement Request Form does not guarantee payment.

Is the subject a Johnson County First Responder?		yes / no
Which department is the sub	ject employed with?	
Position with the department		
Type of disbursal:	Injury / Death	
Was the subject on duty at the	ne time of injury / death?	yes / no
Was the subject considered	in line of duty at the time of i	njury / death? yes / no
Was the incident within John	son County?	yes / no
Please describe the circumstances which lead to the incident:		
In case of death please list the contact information:	ne beneficiary information on	file with your department, including
Signature		Date

Please attach/forward any documentation pertinent to the filing of this request (i.e. beneficiary form, case documents, news articles, etc.) Department must forward death certificate when available.

Return form and other documents to Niki Passmore by email (<u>niki.passmore@ct100.org</u>), or post - PO Box 332 Burleson, TX 76097.