



Request for Release/Disbursement of Risk Management Deposit Funds (RMDF)

District Name: _____

In accordance with current ASCIP procedures, please release \$ _____ in Risk Management Deposit Funds on/or before the following date: _____

Please release/disburse District RDMF in the manner listed below:

JV funds to District Account # _____

Issue Check Payable to District - Send to the Attention of: _____

JV Funds from District RMDF to ASCIP

Other: _____

DISTRICT AUTHORIZATION

District Contact Signature Print Name Title Date

Most Senior Administrative Officer Print Name Title Date

(Both signatures are required for amounts greater than \$25,000)

ASCIP STAFF ONLY

_____ ASCIP Authorization	_____ Title	_____ Date
_____ Transaction Completed By:	_____ Title	_____ Date