

When Completed Fax to: (510)749-8376 or Email to: [faxes@kairosfiduciary.com](mailto:faxes@kairosfiduciary.com)

**Today's Date** \_\_\_\_\_

Client's Name \_\_\_\_\_

Requester's Name \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Requester's Contact Information \_\_\_\_\_

**For Bill Payment: (One request per form)**

Payee Name \_\_\_\_\_ Payee Account # \_\_\_\_\_

Payee Address \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_

Reason for Payment: \_\_\_\_\_

**Original invoices and/or receipts from payee/creditors "must" be faxed or emailed with this form**  
**All disbursements must be payable to a 3rd party**  
**Please allow 5-7 business days to process request to completion.**  
**ALL REQUESTS WILL BE ACKNOWLEDGED UPON RECEIPT – PLEASE CONTACT US IF WE DO NOT**  
**ACKNOWLEDGE RECEIPT OF YOUR REQUEST (510)749-8358**

**For Item/Service Purchase: (One item per form)**

Store/Website Name \_\_\_\_\_ Item or SKU# \_\_\_\_\_

Store/Website Address \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_

Contact Information \_\_\_\_\_

Reason for Purchase \_\_\_\_\_

*For Office Use Only – Kairos Fiduciary Services*

Approved (signature) \_\_\_\_\_ Date \_\_\_\_\_

Denied (signature) \_\_\_\_\_ Date \_\_\_\_\_

Reason for Denial \_\_\_\_\_