

**SOUTH CAROLINA ASSOCIATION OF GOVERNMENTAL ORGANIZATIONS
(SCAGO) CERTIFICATES OF PARTICIPATION, SERIES 2011A**

Disbursement Request

Request Number: _____

Date: ____/____/____
mm dd year

Disbursement Amount: \$ _____

To: Regions Bank
 Columbia, South Carolina
 Attention: Vice President
 Fax: 803.929.2717

School District: _____

District Contact: _____

E-mail Address: _____ Telephone: _____

RE: Trust Agreement dated as of July 1, 2011, between the South Carolina Association of
 Governmental Organizations and Regions Bank.

Ladies and Gentlemen:

The above-identified School District has issued its Note, the proceeds of which are on deposit with you in the Disbursement Account in the name of the above-identified School District under the terms of the above-referenced Trust Agreement. From amounts on deposit in said Disbursement Account, the below Authorized Officer, hereby requests a disbursement of the above amount, as follows:

By wire transfer to:

Bank Name: _____

Name of Account: _____

Account Number: _____

ABA#: _____

The above disbursement will be used for the purposes to which the Disbursement Account relates as set forth in the Trust Agreement and not for purposes of re-investment.

SCAGO Series 2011A
Certificates of Participation
Disbursement Request

NOTWITHSTANDING ANY OTHER PROVISION OF THE RESOLUTION OR NOTE, THIS DISBURSEMENT MUST BE REDEPOSITED WITH THE TRUSTEE TO THE CREDIT OF THE APPLICABLE SINKING FUND, TOGETHER WITH INTEREST THEREON, NO LATER THAN APRIL 13, 2012, THE DISCHARGE DATE.

Respectfully submitted, terms accepted,

By: _____

Title: _____

OR

County Treasurer of _____ County