

MASTER TRUST WITHDRAWAL REQUEST AND AUTHORIZATION

| Date of Request: | Click or tap to e | nter a date. | Type of Account: | |
|---|--------------------|---|---|-----------------------------|
| Requestor Name: | | | Choose an item. | |
| Agency / County: | | | | |
| Phone Number: | | | Amount Requested (including | tax): |
| Email Address: | | | \$ | |
| Check Box if Exp | penditure Plan has | been completed. | | |
| | | | | |
| Reason for Withdra | wal: | | | |
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| | | | | |
| Client Name | | | Data of Birth. Click or tap to optor | a data |
| Client Name: | | | Date of Birth: Click or tap to enter | d udle. |
| Client FSFN ID: | nurchase to be mad | la from my trust account | I understand that this request must be appr | avad Laka understand that |
| | | | the check must be returned. NOTE: Per 7 Al | |
| | - | | by a minimum of two employees. | lvi o, ij signature oj tre |
| | | | | |
| Client Signature: | | | Date Signed: | |
| Lead Agency | | | | |
| Representative 1: (If client signature not obt | tained) | | Date Signed: | |
| Lead Agency | | | | |
| Representative 2: | | | | |
| (If client signature not obt | tained) | | Date Signed: | |
| | | | | |
| | | | rchases of \$500 or more must have the foll | lowing notifications. Check |
| Parent(s) (un | | s made and indicate date □ Guardian Ad Litem | - | |
| Date: | - | Date: | Date: | |
| | | ackup Documentation wh | | Cost |
| nequested items / s | | | | |
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| | | | Tax (if applicabl | e): \$ |
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MASTER TRUST WITHDRAWAL REQUEST AND AUTHORIZATION

| - | nation – Identify Vendor where purchases are be nent requested for the purchase. | ing made, if it | ems are to be picked-up | o in store or |
|--|---|------------------------------------|---------------------------------|----------------|
| Method of Payment: \Box | Check 🛛 Agency Credit Card/P-Card | □ Other (sp | ecify) | |
| If paid by Check provide the fe | ollowing: | | | |
| Рау То: | | | | |
| Address: | | | | |
| City / State / Zip | | | | |
| Vendor: | | | | |
| Store Pick-up | Provide Address: | | | |
| To Be Shipped | Provide SHIP TO Address: | | | |
| Comments / Special Instructi | ons: | | | |
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| | proval of the Request: Single item purchases of \$ | | | |
| upon agency specific policy. | e Region prior to purchase. Lead agency may requ | ire additional | approval by agency man | lagement basea |
| Region Designee: | Printed Name/Title: | Signature: | | Date: |
| (Single Item \$500 or | | | | |
| Total Purchase \$1000) | | | | |
| Agency Signatures: | Title: | Signature: | | Date: |
| Agency Signatures. | | Jighature. | | Date. |
| | | | | |
| Signature of Approval: | | | | |
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| Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: | FISCAL USE ONLY (This information may v ndrawal: \$ Bala | vary by Lead A | gency) Click or tap to enter | |
| Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: | ndrawal: <u>\$</u> Balan | | | |
| Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Account Balance Prior to With | ndrawal: <u>\$</u> Balan <u>\$</u> Appr | nce Date: | Click or tap to enter | |
| Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Signature of Approval: Account Balance Prior to With Purchase Amount Approved: | ndrawal: \$ Balan \$ Appr \$ Chec | nce Date: oval Date: | Click or tap to enter | |
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