



Type of Account:
Choose an item.

Choose an item.

Amount Requested (including tax):

\$ _____

\$ _____

Reason for Withdrawal:

Client FSFN ID:

(If client signature not obtained) _____ Date signed: _____

Date: _____ Date: _____ Date: _____

CF-FSP 5463, Feb 2024 [65C-17.003]



MASTER TRUST WITHDRAWAL REQUEST AND AUTHORIZATION

Purchase and Delivery Information – Identify Vendor where purchases are being made, if items are to be picked-up in store or shipped, and method of payment requested for the purchase.

Method of Payment: ☐ Check ☐ Agency Credit Card/P-Card ☐ Other (specify) _____

If paid by **Check** provide the following:

Pay To: _____

Address: _____

City / State / Zip _____

Vendor: _____

☐ Store Pick-up Provide Address: _____

☐ To Be Shipped Provide SHIP TO Address: _____

Comments / Special Instructions:

Signatures Below Indicate Approval of the Request: *Single item purchases of \$500 or total purchase equals at least \$1000 must be reviewed and approved by the Region prior to purchase. Lead agency may require additional approval by agency management based upon agency specific policy.*

Region Designee: (Single Item \$500 or Total Purchase \$1000)	Printed Name/Title:	Signature:	Date:
	_____	_____	_____

Agency Signatures:	Title:	Signature:	Date:
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Signature of Approval:	_____	_____	_____
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Signature of Approval:	_____	_____	_____
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Signature of Approval:	_____	_____	_____
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Signature of Approval:	_____	_____	_____
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Signature of Approval:	_____	_____	_____
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Signature of Approval:	_____	_____	_____
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Signature of Approval:	_____	_____	_____
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FISCAL USE ONLY (This information may vary by Lead Agency)

Account Balance Prior to Withdrawal:	\$ _____	Balance Date:	Click or tap to enter a date.
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Purchase Amount Approved:	\$ _____	Approval Date:	Click or tap to enter a date.
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Check Amount:	\$ _____	Check Date:	_____
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Check Number:	_____	Invoice Number:	_____
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Other:	_____		_____
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Other:	_____		_____
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Additional Comments:	_____		_____
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	_____		_____
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