

**TRUST FUND  
EXPENDITURE REQUEST**

Area Home: \_\_\_\_\_

Individual: \_\_\_\_\_ Date: \_\_\_\_\_ Area: \_\_\_\_\_

I, \_\_\_\_\_, request and authorize the following items be purchased with money from my trust fund account:

Item(s)	Amount	TF Balance: _____
_____	_____	
_____	_____	
_____	_____	Request Total: _____

For credit card request mark this box:  For check request mark this box:

Make check payable to: \_\_\_\_\_ Total: \_\_\_\_\_

***If funds are not available, support manager will be notified.***

Special Mailing Instructions: \_\_\_\_\_  
\_\_\_\_\_

Person receiving check needs to sign once check is received: \_\_\_\_\_

Date received: \_\_\_\_\_ Check Number: \_\_\_\_\_

\_\_\_\_\_  
\*Individual Date LAR Signature (if applicable) Date

\_\_\_\_\_  
\*Support Manager Date \*\*\*Area Director Date

**\*Signatures are required in order for requests to be processed. No exceptions.**

**\*\*\*Signature required if requested amount is greater than \$500.00.**

Final Amount of Purchase: \_\_\_\_\_

CHANGE LESS THAN \$15.00 MAY BE RETURNED TO INDIVIDUAL

Amount of change: \_\_\_\_\_

Photos Were Taken  A.D. Initial \_\_\_\_\_

Change was:

Given to Individual \_\_\_\_\_  
Individual Signature/Date

Returned to Corporate Office \_\_\_\_\_  
Office or Support Manager Signature/Date

**SCAN RECEIPTS AND FORM AND RETURN MONEY TO OFFICE WITHIN 2 WEEKS OF PURCHASE**

*Do not change or alter this form in any way. Thank you.*