



Request for Withdrawal of Funds
IFS/IFC

Resident's Name: _____ Address: _____

Resident's Signature: _____

Items(s) to be purchased including code for each item: _____

TOTAL REQUEST \$ _____ Cash \$ _____ Check \$ _____

Check Payable To: _____

Approval

1. Purchases approved ***up to \$100*** by
Family Service Coordinator _____ Date: _____

2. Purchases approved from ***\$101.00 up to \$499.00*** by
Director of IFS/IFC _____ Date: _____

3. Purchases approved from ***\$500.00 and above*** by
Director of IFS/IFC ***AND*** _____ Date: _____
Chief Operating Officer _____ Date: _____

Acknowledgment of Receipt of Funds

By signing below, I acknowledge that I am responsible for submitting receipts for purchases made with these funds within sixty days (60) of the date of receipt of funds. I also understand that if I do not submit receipts covering such purchases and/or the balance of unused funds, a deduction will be made from my next paycheck/cost of care reimbursement in the amount of funds/receipts not returned. My signature below authorizes Chimes to make the proper deduction.

Funds Received By: _____
(Signature and Title) (Date)

Amount Received: \$ _____

IFS/IFC Office Review

Date Receipts Received: _____ Receipts Reviewed By: _____

Total of Receipts: \$ _____ Total of Returned Cash: \$ _____