



Request for Withdrawal of Funds

Division # _____

Resident's Name: _____ **Address:** _____
(Printed Name)

Resident's Signature: _____ **DM:** _____
(Printed Name)

Items(s) to be Purchased:

TOTAL REQUEST \$ _____ **Credit Card \$** _____ **Cash \$** _____ **Check \$** _____

Check Payable To: _____

Approval

1. Purchases approved **up to \$200** by
Division Manager: _____ Date: _____

2. Purchases approved from **\$201.00 up to \$499.00** by
Deputy Director of Operations **OR** _____ Date: _____
Director of Residential Services _____ Date: _____

3. Purchases approved from **\$500.00 and above** by
Deputy Director of Operations **OR** _____ Date: _____
Director of Residential Services _____ Date: _____
AND 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 one (1) week 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 in the amount of funds/receipts not returned. My signature below authorizes Chimes to make the proper deduction.

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

_____ Amount Received: \$ _____
(Printed Name)

Business Office Review

Date Receipts Received: _____ Receipts Reviewed By: _____

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