



Request for Withdrawal of Funds
Chimes Maryland/Potomac
Chimes Virginia

Resident's Name: _____ Address: _____

Resident's Signature: _____

(If Resident's Signature is illegible, please have witnessed below.)

Witness Printed Name

Signature of Witness

Items(s) to be Purchased:

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

Check Payable To: _____

Approval

1. Purchases approved **up through \$499.99** by
Director of Residential Services _____ Date: _____

OR

2. Purchases approved **\$500.00 and above** by
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 three (3) weeks 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/personal use funds 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: \$ _____

Business Office Review

Date Receipts Received: _____ Receipts Reviewed By: _____

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