

☐ Check Box if Expenditure Plan has been completed.

Reason for Withdrawal:

Client Name: _____ **Date of Birth:** _____

Client FSFN ID:

*I am requesting the purchase to be made from my trust account. I understand that this request must be approved. I also understand that the original receipts, or receipts and cash, totaling the amount of the check must be returned. **NOTE:** Per 7 APM 6, If signature of the client cannot be obtained, the withdrawal request must be signed by a minimum of two employees.*

Client Signature: _____ Date Signed: _____

Lead Agency		
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Representative 1:
(If client signature not obtained)

Date Signed:

Lead Agency	
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Representative 2: _____
(If client signature not obtained) _____ Date Signed: _____

Per to Florida Administrative Code 65C-17.003, Master Trust purchases of \$500 or more must have the following notifications. Check box to verify required notifications was made and indicate date completed.

☐ Parent(s) (unless TPR'd) ☐ Guardian Ad Litem ☐ Client Attorney/Attorney Ad Litem ☐ NA

Date: _____ Date: _____ Date: _____

Requested Items / Services: *(Provide Backup Documentation where applicable)*

Cost

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Tax (if applicable): \$

TOTAL: \$



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:
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____

FISCAL USE ONLY (*This information may vary by Lead Agency*)

Account Balance Prior to Withdrawal:	\$ _____	Balance Date:	_____
Purchase Amount Approved:	\$ _____	Approval Date:	_____
Check Amount:	\$ _____	Check Date:	_____
Check Number:	_____	Invoice Number:	_____
Other:	_____		_____
Other:	_____		_____
Additional Comments:	_____		_____
	_____		_____
	_____		_____