



MASTER TRUST WITHDRAWAL REQUEST AND AUTHORIZATION

Date of Request: Click or tap to enter a date.
Requestor Name: _____
Agency / County: _____
Phone Number: _____
Email Address: _____
 Check Box if Expenditure Plan has been completed.

Type of Account: Choose an item.
Amount Requested (including tax):
\$ _____

Reason for Withdrawal:

Client Name: _____ Date of Birth: Click or tap to enter a date.
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 Representative 1: _____ Date Signed: _____
(If client signature not obtained)
Lead Agency Representative 2: _____ Date Signed: _____
(If client signature not obtained)

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: <i>(Provide Backup Documentation where applicable)</i>	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Tax (if applicable): \$ _____
TOTAL: \$ _____



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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: <u>Click or tap to enter a date.</u>
Purchase Amount Approved: \$ _____	Approval Date: <u>Click or tap to enter a date.</u>
Check Amount: \$ _____	Check Date: _____
Check Number: _____	Invoice Number: _____
Other: _____	
Other: _____	
Additional Comments: _____	

