

Corpus Christi State Supported Living Center
Trust Fund Withdrawal

Date Funds Needed	Unit	
	Home	

Purpose of Funds Requested	Check No.
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Check Appropriate Box
<input type="checkbox"/> Cash <input type="checkbox"/> Check Payable to:
<input type="checkbox"/> Budget Cash Withdrawal (no receipt required – IST approved)
<input type="checkbox"/> Non-budgeted Cash Withdrawal (receipt required)
<input type="checkbox"/> Purchase Reimbursement (receipt and explanation required)
<input type="checkbox"/> Other – specify:
<input type="checkbox"/> I understand that I am responsible for the safe handling and appropriate spending of this cash.

Funds Requested By			
Requested by/Title	Date	Assistant Director of Administration/ Designee	Date
Initiated by/Title	Date	Trust Fund Clerk	Date
Signature – Approver/Title	Date	Issued by Cashier	Date
Signature – Approver/Title	Date	Cash/Check Picked Up by/Title	Date
		Received by (Person Responsible for Cash)/Title	Date

Case No.	Resident's Full Name	Amount	Resident's Signature	Witnessed By/Title	Witnessed By/Title	Amount Spent	Amount Redeposited

Received/Audited by Cashier	Date	Receipt No.	Date	Total Redeposited
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See attached list if more space is required.