Texas Department of Aging
and Disability Services

Form 4143-CC
March 2013

Corpus Christi State Supported Living Center

Trust Fund Expenditure Request

Purpose: (check one, optional) ☐ Regular ☐ Repair ☐ Christmas ☐ Birthday

Resident's Name: _____ Last _____ First _____ Middle Initial

Resident No.: | Home:

Items	Quantity Ordered	Size	Color	Quota	Quantity on Hand	Estimated Cost

Resident Requested Items	Quantity Ordered	Size	Color	Quota	Quantity on Hand	Estimated Cost
				Total Estimated Cost:		

Person Placing Order _____ Title _____ Date _____

Signature – Social Worker/QDDP _____ Date _____ Purchaser/Title _____ Date _____

Home Supervisor (or other approver)/Title _____ Date _____

Signature/Mark – Resident or "UTS" _____ Date _____ Trust Fund Clerk _____ Date _____

Signature – Witness _____ Title _____ Date _____

Signature – Witness _____ Title _____ Date _____

Amount Approved: _____

Received from Trust Fund: _____ **Control Number:** _____

Employees may only sign one time and must have the Social Worker/QDDP's signature for all requests.
After all signatures are obtained, forward to the Trust Fund Department.