

AUTHORIZATION FOR EXPENDITURE
For use in Service Coordination Pilot Project

DATE OF REQUEST:

TO:

FROM:

POSITION:

POSITION:

DEPARTMENT:

AGENCY/DEPT.:

ADDRESS:

ADDRESS:

TELEPHONE/FAX:

TELEPHONE/FAX:

This is a formal request for a single bank withdrawal/expenditure out of the below individual's personal funds in excess of amounts stipulated in 6.4 Management of Personal Funds in the Agency Service Coordination Manual and/or the individual's personal financial plan.

INDIVIDUAL'S NAME:

ADDRESS: _____

CURRENT BALANCE IN ACCOUNT(S):

DATE OF LAST APPROVED FINANCIAL PLAN:

	Item to be Purchased	Estimated Cost	Reason for Expenditure	Has this expenditure been approved in the last Financial Plan?	
				Yes	No
ITEM #1				<input type="checkbox"/>	<input type="checkbox"/>
ITEM #2				<input type="checkbox"/>	<input type="checkbox"/>
ITEM #3				<input type="checkbox"/>	<input type="checkbox"/>
ITEM #4				<input type="checkbox"/>	<input type="checkbox"/>
ITEM #5				<input type="checkbox"/>	<input type="checkbox"/>

SDM FOR PROPERTY: PGT Other Independent

IF PGT IS SDM PROPERTY:

PROPOSED PAYMENT METHOD:

- Agency/Supplier to invoice Public Guardian and Trustee directly
- Cheque to individual
- Deposit into individual's bank account
- Cheque in trust to agency
Name
Address

Other

Comments:

Signature for Approval:

Signature for Non-Approval:

Name and Position:

Date Signed:

Approved: February 14, 2022