

Center for Social Change, Inc.
INDIVIDUAL FUNDS REQUEST FORM

Week:

thru

SECTION 1: INDIVIDUAL FUNDS REQUEST (To be completed by the Program Department)

Individual's Name: Individual's Residence:
Individual's Interests Based on IP Year 2013
Amount Requested: Requested By: Request Date:
Individual's Signature: Approved By (Coordinator Signature): Approved By (Director Print Name): Payable To (Check Request ONLY):
Requested item/activity:
Expected Implementation Date:

Responsibility for Individual Funds

By signing below, the employee agrees that he/she will use the individual's funds for the intended purpose as described on this request form.
The employee also agrees to return the proper receipts and change. If the employee fails to return the proper receipts and/or change,
the employee agrees to reimburse the Individual thru a payroll deduction for the total requested amount that is not supported by the proper receipts and/or change.

Signature Name (Printed) Date

SECTION 2: VERIFICATION OF RECEIPT OF FUNDS (To be completed by the Program Department and Individual)

Spending Limit per Individual's Individual Plan Is Requested \$\$>Than IP Limit? Yes No
If Yes, then receipts/change must be returned to the Accounting Department.
If No, then receipts/change do not need to be returned but Individual must sign to confirm receiving the \$\$ Individual's Signature:

SECTION 3: PAYMENT INFORMATION (To be completed by the Accounting Department)

Payment Made Via (check one):
Cash \$ Amount Date Given to Program Dept Staff Receiving \$\$
Check Check # Check \$\$ Payable To:
Check Date

RECEIPTS/CHANGE DUE TO ACCOUNTING DEPT BY:

SECTION 4: RECEIPT/CHANGE VERIFICATION (To be completed by the Coordinator After Completion of Purchases)

1) Receipts relate to original request? Yes No
If answered no, explain why?
2) Receipts/Change Needed (Refer to Section 2)? Yes No
3) Requested Amount:
4) Value of receipts submitted:
5) Value of change submitted:
6) Total value of receipts and change:
7) Amount Unaccounted For (\$) ***
*** Difference between Requested Amount and Total value of receipts and change
8) Additional Receipts/Change Needed: Yes No
(Enter no if Amount Unaccounted For is < than IP limit)
If yes name of the Employee responsible to reimburse Individual through payroll deduction:

SECTION 5: RECEIPT/CHANGE VERIFICATION (To be completed by the Accounting Department)

Verify if the information in the corresponding line items as explained in Section 4 is correct
If No use Comments section to account for discrepancies
Yes No Comments
2)
3)
4)
5)
6)
7)
8)
Payroll Deduction information if Necessary:
Deduction \$\$ Paydate

Coordinator Signature Date Accounting Dept Representative Signature Date