



# PAYEE CHECK DISBURSEMENTS REQUEST FORM

FAX THIS FORM TO:

(805) 534-2924

**PERSON SERVED NAME:** \_\_\_\_\_ **SSN NUMBER:** \_\_\_\_\_

### PERSON SERVED CHANGE OF ADDRESS

EFFECTIVE DATE

ADDRESS

### CONTINUING EXPENDITURES

DATE TO BE SENT

#1 PAY  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED

AMOUNT \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ ACCT #/DESCRIPTION: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

ADDRESS

#2 PAY  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED

AMOUNT \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ ACCT #/DESCRIPTION: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

ADDRESS

### ONE TIME EXPENDITURES

DATE TO BE SENT

#1 PAY AMOUNT \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ ACCT #/DESCRIPTION: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

ADDRESS

#2 PAY AMOUNT \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ ACCT #/DESCRIPTION: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

ADDRESS

### CANCELATIONS

EFFECTIVE DATE

#1 CANCEL  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED

AMOUNT \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ ACCT #/DESCRIPTION: \_\_\_\_\_

#2 CANCEL  WEEKLY: \_\_\_\_\_  DAY OF THE MONTH: \_\_\_\_\_  1st ONLY  1st & 15th ONLY  AS BILLED

AMOUNT \$ \_\_\_\_\_ PAYABLE TO: \_\_\_\_\_ ACCT #/DESCRIPTION: \_\_\_\_\_

**SERVICE COORDINATOR:** \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_