



# Request For Spending Money

Date: \_\_\_\_\_ Request will be reviewed within 7-10 business days from receipt.

Client \_\_\_\_\_ Mail to \_\_\_\_\_

Client's Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_  Check if *Mail to* information is the same as Client

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\*RECEIPTS REQUIRED\*\*\*\*\*RECEIPTS REQUIRED\*\*\*\*\*RECEIPTS REQUIRED\*\*\*\*\*RECEIPTS REQUIRED\*\*\*\*\***

***Please include all information. Lack of request details would be cause for denial.***

How will funds be dispersed?  Check  True Link Card

Reason for bill or service provided (cable, phone, medical, etc.) \_\_\_\_\_

**Describe the request in detail.** You may attach additional pages, as well as a printed website shopping cart.

Store/Website	Item Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Amount** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For internal use only*

Request received on \_\_\_\_\_

Approved or  Not Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Reason:**  Not enough information  Included in weekly SM  Cannot afford with current budget  Already Paid

Forward to Trust  Other (Explain on back)

Mail, fax or email this completed form to:

PO Box 12890 | Overland Park, KS 66282

Fax: 913.648.0057 Email: [info@arcare.org](mailto:info@arcare.org)

