

Expenditure Request

Date of Request: _____

Client Name: _____

Client SSN or Trust Number: _____

Phone: _____

Amount Requested: _____

Reason for Request: _____

Note: Receipts must be submitted to Benefits Management Corp after the purchases have been made. No future requests will be granted until receipts for purchases from this request are received. Funds granted through this request, must be used to purchase the item(s) listed above.

Print Name

Date

Signature