

Ardmore Enterprises, Inc.

REQUEST FOR CONSUMERS' MONIES

Name of Consumer: _____ Request Date: _____

Check Date: _____

Check is needed by: _____

Initials and Approval Date: _____

Name of person/company to whom check will be issued: _____

Please return check to: _____

NOTE: This form must be submitted and approved prior to receiving a consumer's check. The staff member to whom this check is issued **must** return receipts to Ardmore Enterprises, Inc.

1. List all routine expenses for resident such as cigarettes, work snacks, personal hygiene items, hair needs, clothing, shoes, and cable etc.

ITEMS

AMOUNT

ITEMS	AMOUNT
1	\$
2.	\$
3.	\$
4.	\$

- II. List all events such as outings, home visits, movies, dinner, and holiday events.

1.	\$
2.	\$

- III. List all medical expenses such as dental, gyn., prescription, and vision etc.

1.	\$
2.	\$
3.	\$
4.	\$

TOTAL AMOUNT REQUESTED: \$ _____

OFFICE USE ONLY

CHECK NUMBER: _____ BALANCE IN ACCOUNT: \$ _____

