

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

GROUP WITHDRAWAL DRAFT (GWD)

Residence _____

Date _____

NOTE: If any one person's withdrawal request is for more than \$200, a separate Personal Funds Draft (PFD) must be completed and the necessary signatures obtained to ensure proper approval.		
Social Security Number (last four (4) only)	Names (list alphabetically) Last Name First (<i>Smith, Joe</i>)	Amounts Requested
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
TOTAL FUNDS REQUESTED		\$ _____

Purpose of Withdrawal: Weekly Canteen Other - Explain in detail: _____

Requested By: _____ / _____ Date Approved: _____ / _____ Date
(Staff Representative) (Manager or QIDP)

Funds Verified and Encumbered (Initials): _____ Paid : Cash VISA Check #: _____
(Regional Bank Clerk)

Paid By: _____ Date: _____
(Cashier)

Received By: _____ Date: _____
(Staff Representative)

I certify that the above mentioned withdrawn funds were either given to or expended for the sole benefit of the people named above, with the exception of \$ _____ in unspent funds that I am returning to the Regional Bank.

_____/_____
(Staff Representative) Date (Regional Bank Clerk) Date

- Regional Bank (1st Copy) For posting purposes after disbursing funds.
- Certification (2nd Copy) For Regional Bank audit records after purchases are made and unspent funds, if any, are returned to the Regional Bank for deposit (within three (3) business days).
- Residence (3rd Copy) For residence staff after certification signature of Regional Bank Clerk has been obtained.