

TRANSMITTAL TO ALAMEDA COUNTY SUBSTITUTE PAYEE PROGRAM

FAX (510) 383-1583 PO Box 129 San Leandro, CA 94577 Phone (510) 383-1582

PART II – Disbursement/Payment Request

PST: Gina Miller Hilda Garcia Laurie Pauselius Linda Walters Maria Gonzalez-Ruiz Rosa Rivera

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333
LAST FIRST M.I.

Client's Current Address: 1234 Someplace Lane Any City, CA 12345
STREET ADDRESS CITY /STATE/ZIP CODE

Effective Date of Client Address: 12/14/09

SAMPLE #1 – ONE TIME ONLY

Type of Request: One Time Only Disbursement Revise Budget/Same Address
 Create Initial Budget (Submit Part I & II) New Budget/New Address (Submit Part I & II)

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Client Smith

2. ADDRESS: 1234 Someplace Lane

City: Any City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 04/10/10

(must be a check run date)

4. END DATE (if applicable): _____

5. FREQUENCY:

- ▶ ONE TIME ONLY
- ▶ WEEKLY ON: TUES THURS
- ▶ MONTHLY ON THE: 1ST 3RD 15TH
- ▶ SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? YES NO

7. WHY (Payment is for): Spending Money

8. AMOUNT OF CHECK: \$ 100

Prorate 1st Month's Payment

9. PAYMENT IS FOR ACCOUNT NO: _____
(THIS NUMBER WILL APPEAR ON THE CHECK)

10. Notes/Explanations (This will not appear on the check): _____

11. SUBMITTED BY (PRINT): Case Manager's Name Printed SITE: SPP

PHONE NUMBER: 510-383-1557

12. AUTHORIZING SIGNATURE: Case Manager Signature TITLE: Case Manager

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Fax Budget Requests to (510) 383-1583. Requests received after 9:30 a.m. on a check run day will be processed on the next check run date.

TRANSMITTAL TO ALAMEDA COUNTY SUBSTITUTE PAYEE PROGRAM

FAX (510) 383-1583 PO Box 129 San Leandro, CA 94577 Phone (510) 383-1582

PART I - Budget/Change Address Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

COMPLETE PARTS I AND II FOR ADDRESS/LIVING ARRANGEMENT CHANGES. SUBMIT PART II ONLY FOR ONE TIME ONLY PAYMENTS AND/OR CHANGES TO THE CURRENT BUDGET.

SAMPLE #2 : P1 - CHANGE OF ADDRESS RM/BD FACILITY

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333

Type of Request: [] Create Initial Budget (Complete sections 1 - 8 below AND Part II) [X] New Budget/New Address (Complete 1 - 9 AND Part II)

[] Stop All Payments (Reason):

Notification of: [] Whereabouts Unknown (Last Contact Date): [] Incarceration (Complete 1, 2, 3, 4, 5 and 9) Date Incarcerated: Date Released: [] Hospitalization (Complete 1, 2, 3, 4, 5 and 9) Admit Date: Discharge Date:

Client's New Physical Address:

1. Name of Facility: Renee's Board and Care 2. Address: 1234 Someplace Lane City: Any City State: CA Zip Code: 12345

Client's Mailing Address:

City: State: Zip Code:

Phone: (510) 555-3000 Eff. Date: 04/10/10

3. Living Arrangement Type: [X] AA Independent Living [] AC Independent Living/Without Cooking Facilities [] DJ Hospitalized or Long-Term-Care [] AB Licensed Board and Care [] BD Household of Another [] N2 Incarcerated [] NO State Hospital

4. Address Type:

[] AWOL/Whereabouts Unknown [] Homeless Shelter [] Homeless/On the Streets [] Household of Another [] IMD [] Independent Living [] Licensed B&C [] Medical Facility [] Mental Health Rehab [X] Room & Board [] Skilled Nursing [] Transitional Housing [] Transient [] Villa [] JGP [] Alcohol/Drug Rehab [] Santa Rita [] Other jail/prison [] Other (Explain): (use additional sheet if necessary)

Note: If client is in a licensed board & care home, room & board, incarcerated, or hospitalized STOP (5-7 not applicable).

5. Housing Type:

[] Apartment [] Homeless [] House [] Hotel [] Motel [] Shelter [] Transient [] Other:

6. Living Arrangements:

Lives alone? [] Yes [] No Has access to working stove, hot plate or microwave? [] Yes [] No Pays for utilities? [] Yes [] No Has access to working refrigerator? [] Yes [] No Shares household expenses? [] Yes [] No Is food available or at least one meal provided per day? [] Yes [] No Rents room only? [] Yes [] No Subsidized housing (check one): [] HUD [] Other [] None

7. Landlord/Owner Name: Landlord/Owner at same address? [] Yes [] No

Address: City: State: Zip Code:

Phone: Relationship to client:

REMINDER: Send a copy of the Rental Statement or Agreement to the PST within 10 working days.

8. Submitted by: Case Manager's Name Printed Site: SPP Date Submitted: 04/10/10

9. SIGNATURE: Case Manager Signature PHONE: (510) 383-1557

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PART II – Disbursement/Payment Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333
LAST FIRST M.I.

Client's Current Address: 1234 Someplace Lane Any City, CA 12345
STREET ADDRESS CITY /STATE/ZIP CODE

Effective Date of Client Address: 04/10/10

SAMPLE #2 : P2

Type of Request: [] One Time Only Disbursement [] Revise Budget/Same Address
[] Create Initial Budget (Submit Part I & II) [X] New Budget/New Address (Submit Part I & II)

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Renee's Board and Care

2. ADDRESS: 1234 Anywhere Street

City: Any City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 04/13/10

(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[X] MONTHLY ON THE: [] 1ST [X] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [] YES [X] NO

7. WHY (Payment is for): Room and Board

8. AMOUNT OF CHECK: \$ 600

[] Prorate 1st Month's Payment

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

10. Notes/Explanations (This will not appear on the check):

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Client Smith

2. ADDRESS: 1234 Someplace Lane

City: Any City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 04/15/10

(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [] ONE TIME ONLY
[X] WEEKLY ON: [] TUES [X] THURS
[] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [] YES [X] NO

7. WHY (Payment is for): Food

8. AMOUNT OF CHECK: \$ 50

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

11. SUBMITTED BY (PRINT): Case Manager's Name Printed

SITE: SPP

PHONE NUMBER: 510-383-1557

12. AUTHORIZING SIGNATURE: Case Manager Signature

TITLE: Case Manager

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PART II – Disbursement/Payment Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333
LAST FIRST M.I.

Client's Current Address: 1234 Someplace Lane Any City, CA 12345
STREET ADDRESS CITY /STATE/ZIP CODE

Effective Date of Client Address: 04/10/10

SAMPLE #2 : P3

Type of Request: [X] One Time Only Disbursement [] Revise Budget/Same Address
[] Create Initial Budget (Submit Part I & II) [] New Budget/New Address (Submit Part I & II)

DISBURSEMENT INFORMATION:

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Renee's Board and Care

2. ADDRESS: 1234 Anywhere Street

2. ADDRESS:

City: Any City State: CA Zip Code: 12345

City: State: Zip Code:

3. ANTICIPATED DATE OF CHECK: 04/13/10
(must be a check run date)

3. ANTICIPATED DATE OF CHECK:
(must be a check run date)

4. END DATE (if applicable):

4. END DATE (if applicable):

5. FREQUENCY:

5. FREQUENCY:

- [X] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

- [] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [] YES [X] NO

6. HOLD FOR PICKUP? [] YES [] NO

7. WHY (Payment is for): Room and Board for April 2010

7. WHY (Payment is for):

8. AMOUNT OF CHECK: \$ 50

8. AMOUNT OF CHECK: \$

[X] Prorate 1st Month's Payment

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

10. Notes/Explanations (This will not appear on the check):

11. SUBMITTED BY (PRINT): Case Manager's Name Printed SITE: SPP

PHONE NUMBER: 510-383-1557

12. AUTHORIZING SIGNATURE: Case Manager Signature TITLE: Case Manager

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PART II – Disbursement/Payment Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333
LAST FIRST M.I.

Client's Current Address: 1234 Someplace Lane Any City, CA 12345
STREET ADDRESS CITY /STATE/ZIP CODE

Effective Date of Client Address: 12/14/09

SAMPLE #3 : ONE TIME ONLY X2

Type of Request: [X] One Time Only Disbursement [] Revise Budget/Same Address
[] Create Initial Budget (Submit Part I & II) [] New Budget/New Address (Submit Part I & II)

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Client Smith

2. ADDRESS: P.O. Box 354

City: Any City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 04/15/10
(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [X] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [] YES [X] NO

7. WHY (Payment is for): Bus Pass

8. AMOUNT OF CHECK: \$ 27
[] Prorate 1st Month's Payment

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

10. Notes/Explanations (This will not appear on the check):

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Client Smith

2. ADDRESS: C/O Case Manager

City: State: Zip Code:

3. ANTICIPATED DATE OF CHECK: 04/15/10
(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [X] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [X] YES [] NO

7. WHY (Payment is for): Bike

8. AMOUNT OF CHECK: \$ 100

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

11. SUBMITTED BY (PRINT): Case Manager's Name Printed SITE: SPP

PHONE NUMBER: 510-383-1557

12. AUTHORIZING SIGNATURE: Case Manager Signature TITLE: Case Manager

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PART I - Budget/Change Address Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

COMPLETE PARTS I AND II FOR ADDRESS/LIVING ARRANGEMENT CHANGES. SUBMIT PART II ONLY FOR ONE TIME ONLY PAYMENTS AND/OR CHANGES TO THE CURRENT BUDGET.

SAMPLE #4 - HOSPITALIZED

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333

Type of Request: [] Create Initial Budget (Complete sections 1 - 8 below AND Part II) [] New Budget/New Address (Complete 1 - 9 AND Part II)

[X] Stop All Payments (Reason): Hospitalized

Notification of: [] Whereabouts Unknown (Last Contact Date): [] Incarceration (Complete 1, 2, 3, 4, 5 and 9) Date Incarcerated: Date Released: [X] Hospitalization (Complete 1, 2, 3, 4, 5 and 9) Admit Date: 04/10/10 Discharge Date:

Client's New Physical Address:

1. Name of Facility: Morning Star Hospital 2. Address: 1111 Anywhere Place City: Any City State: CA Zip Code: 12345

Client's Mailing Address:

City: State: Zip Code:

Phone: (510) 555-3000 Eff. Date: 04/10/10

3. Living Arrangement Type: [] AA Independent Living [] AC Independent Living/Without Cooking Facilities [X] DJ Hospitalized or Long-Term-Care [] AB Licensed Board and Care [] BD Household of Another [] N2 Incarcerated [] NO State Hospital

4. Address Type:

[] AWOL/Whereabouts Unknown [] Homeless Shelter [] Homeless/On the Streets [] Household of Another [] IMD [] Independent Living [] Licensed B&C [X] Medical Facility [] Mental Health Rehab [] Room & Board [] Skilled Nursing [] Transitional Housing [] Transient [] Villa [] JGP [] Alcohol/Drug Rehab [] Santa Rita [] Other jail/prison [] Other (Explain): (use additional sheet if necessary)

Note: If client is in a licensed board & care home, room & board, incarcerated, or hospitalized STOP (5-7 not applicable).

5. Housing Type:

[] Apartment [] Homeless [] House [] Hotel [] Motel [] Shelter [] Transient [] Other:

6. Living Arrangements:

Lives alone? [] Yes [] No Has access to working stove, hot plate or microwave? [] Yes [] No Pays for utilities? [] Yes [] No Has access to working refrigerator? [] Yes [] No Shares household expenses? [] Yes [] No Is food available or at least one meal provided per day? [] Yes [] No Rents room only? [] Yes [] No Subsidized housing (check one): [] HUD [] Other [] None

7. Landlord/Owner Name: Landlord/Owner at same address? [] Yes [] No

Address: City: State: Zip Code:

Phone: () - Relationship to client:

REMINDER: Send a copy of the Rental Statement or Agreement to the PST within 10 working days.

8. Submitted by: Case Manager's Name Printed Site: SPP Date Submitted: 04/10/10

9. SIGNATURE: Case Manager Signature PHONE: (510) 383-1557

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PART I - Budget/Change Address Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

COMPLETE PARTS I AND II FOR ADDRESS/LIVING ARRANGEMENT CHANGES. SUBMIT PART II ONLY FOR ONE TIME ONLY PAYMENTS AND/OR CHANGES TO THE CURRENT BUDGET.

SAMPLE #5 : PG 1 - CHANGE OF ADDRESS & NEW BUDGET

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333

Type of Request: [] Create Initial Budget (Complete sections 1 - 8 below AND Part II) [X] New Budget/New Address (Complete 1 - 9 AND Part II)

[] Stop All Payments (Reason):

Notification of: [] Whereabouts Unknown (Last Contact Date): [] Incarceration (Complete 1, 2, 3, 4, 5 and 9) Date Incarcerated: Date Released: [] Hospitalization (Complete 1, 2, 3, 4, 5 and 9) Admit Date: Discharge Date:

Client's New Physical Address:

1. Name of Facility: 2. Address: 1111 Anywhere Place City: Any City State: CA Zip Code: 12345

Client's Mailing Address:

City: State: Zip Code:

Phone: (510) 555-3000 Eff. Date:

3. Living Arrangement Type: [X] AA Independent Living [] AC Independent Living/Without Cooking Facilities [] DJ Hospitalized or Long-Term-Care [] AB Licensed Board and Care [] BD Household of Another [] N2 Incarcerated [] NO State Hospital

4. Address Type:

[] AWOL/Whereabouts Unknown [] Homeless Shelter [] Homeless/On the Streets [] Household of Another [] IMD [X] Independent Living [] Licensed B&C [] Medical Facility [] Mental Health Rehab [] Room & Board [] Skilled Nursing [] Transitional Housing [] Transient [] Villa [] JGP [] Alcohol/Drug Rehab [] Santa Rita [] Other jail/prison [] Other (Explain): (use additional sheet if necessary)

Note: If client is in a licensed board & care home, room & board, incarcerated, or hospitalized STOP (5-7 not applicable).

5. Housing Type:

[X] Apartment [] Homeless [] House [] Hotel [] Motel [] Shelter [] Transient [] Other:

6. Living Arrangements:

Lives alone? [] Yes [X] No Has access to working stove, hot plate or microwave? [X] Yes [] No Pays for utilities? [] Yes [X] No Has access to working refrigerator? [X] Yes [] No Shares household expenses? [X] Yes [] No Is food available or at least one meal provided per day? [] Yes [X] No Rents room only? [X] Yes [] No Subsidized housing (check one): [X] HUD [] Other [] None

7. Landlord/Owner Name: Mr. Landlord Landlord/Owner at same address? [] Yes [X] No

Address: 333 Rent Street City: Another City State: CA Zip Code: 12345

Phone: (510) 555-5555 Relationship to client: Landlord

REMINDER: Send a copy of the Rental Statement or Agreement to the PST within 10 working days.

8. Submitted by: Case Manager's Name Printed Site: SPP Date Submitted: 04/10/10

9. SIGNATURE: Case Manager Signature PHONE: (510) 383-1557

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PART II – Disbursement/Payment Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333
LAST FIRST M.I.

Client's Current Address: 1111 Anywhere Place Any City, CA 12345
STREET ADDRESS CITY /STATE/ZIP CODE

Effective Date of Client Address: 04/10/10

SAMPLE #5 : PG 2

Type of Request: [] One Time Only Disbursement [] Revise Budget/Same Address
[] Create Initial Budget (Submit Part I & II) [X] New Budget/New Address (Submit Part I & II)

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Mr. Landlord

2. ADDRESS: 333 Rent Street

City: Any City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 05/03/10
(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[X] MONTHLY ON THE: [] 1ST [X] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [] YES [X] NO

7. WHY (Payment is for): Rent

8. AMOUNT OF CHECK: \$ 300
[X] Prorate 1st Month's Payment

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

10. Notes/Explanations (This will not appear on the check):

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Client Smith

2. ADDRESS: P.O. Box 1234

City: Any City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 04/15/10
(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[X] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [] YES [X] NO

7. WHY (Payment is for): Personal Needs

8. AMOUNT OF CHECK: \$ 100

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

11. SUBMITTED BY (PRINT): Case Manager's Name Printed SITE: SPP

PHONE NUMBER: 510-383-1557

12. AUTHORIZING SIGNATURE: Case Manager Signature TITLE: Case Manager

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PART II – Disbursement/Payment Request

PST: [X] Gina Miller [] Hilda Garcia [] Laurie Pauselius [] Linda Walters [] Maria Gonzalez-Ruiz [] Rosa Rivera

Client Name: Smith Client U D.O.B. 03/03/73 Client Number: 033333333
LAST FIRST M.I.

Client's Current Address: 1111 Anywhere Place Any City, CA 12345
STREET ADDRESS CITY /STATE/ZIP CODE

Effective Date of Client Address: 04/10/10

SAMPLE #5 : PG 3

Type of Request: [X] One Time Only Disbursement [] Revise Budget/Same Address
[] Create Initial Budget (Submit Part I & II) [] New Budget/New Address (Submit Part I & II)

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

Client Smith

2. ADDRESS: 1111 Anywhere Place

City: Any City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 04/15/10
(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [X] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [X] YES [] NO

7. WHY (Payment is for): Food

8. AMOUNT OF CHECK: \$ 30
[] Prorate 1st Month's Payment

9. PAYMENT IS FOR ACCOUNT NO:
(THIS NUMBER WILL APPEAR ON THE CHECK)

10. Notes/Explanations (This will not appear on the check):

DISBURSEMENT INFORMATION:

1. NAME OF VENDOR/PAYEE OR FACILITY:

PG&E

2. ADDRESS: P.O. Box 654

City: Electric City State: CA Zip Code: 12345

3. ANTICIPATED DATE OF CHECK: 05/01/10
(must be a check run date)

4. END DATE (if applicable):

5. FREQUENCY:

- [] ONE TIME ONLY
[] WEEKLY ON: [] TUES [] THURS
[X] MONTHLY ON THE: [] 1ST [] 3RD [] 15TH
[] SEMI-MONTHLY One check issued on the 1st AND 15th for the same amount

6. HOLD FOR PICKUP? [X] YES [] NO

7. WHY (Payment is for): PG&E/ Utilities

8. AMOUNT OF CHECK: \$ 60

9. PAYMENT IS FOR ACCOUNT NO: 01-234567-8
(THIS NUMBER WILL APPEAR ON THE CHECK)

11. SUBMITTED BY (PRINT): Case Manager's Name Printed

SITE: SPP

PHONE NUMBER: 510-383-1557

12. AUTHORIZING SIGNATURE: Case Manager Signature

TITLE: Case Manager

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