



**Representative Payeeship Program**

**EXPENDITURE DOCUMENTATION SHEET - \$500 OR MORE**

**CLIENT NAME:** \_\_\_\_\_

**ITEM(S) NEEDED, COST(S), AND FROM WHERE EACH ITEM IS BEING PURCHASED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**MAIL CHECK TO (ADDRESS):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*SIGNATURES OF TEAM MEMBERS:**

Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SSA: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All required signatures must be completed and supporting documentation attached BEFORE submitting this request to Catholic Charities of Ashtabula County for payment. Thank you.**