



# Tsunami Enterprises

A Non-Profit Organization

P.O. Box 608

Ukiah, CA 95482

Phone: 707.463.2546

Or: 707.462.6023

Fax: 707.462.6235

## Request for Client Funds Disbursement

Client Name: \_\_\_\_\_

Reason:	<input type="checkbox"/> Food	Amount: \$ _____
	<input type="checkbox"/> Personal Needs	Amount: \$ _____
	<input type="checkbox"/> Housing	Amount: \$ _____
	<input type="checkbox"/> Transportation	Amount: \$ _____
	<input type="checkbox"/> Other: _____	Amount: \$ _____

TOTAL Amount to Disburse: \$ \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mailing Address (required): \_\_\_\_\_

City, State, Zip (required): \_\_\_\_\_

Check to be Mailed to Client at \_\_\_\_\_

Check to be Picked-Up by Client at \_\_\_\_\_

\*\*\*\*\* Signature of authorizing Case Manager is required for funds disbursement. \*\*\*\*\*

CM Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***I have received these funds for my personal and incidental expenses:***

\_\_\_\_\_  
Client Signature & Date

\*\*\* For Tsunami Enterprises use only \*\*\*

Check Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Check Amt: \_\_\_\_\_

Rep Payee: \_\_\_\_\_