



DEPARTMENT OF JUVENILE JUSTICE
WELFARE/OFFENDER TRUST FUND WITHDRAWAL REQUEST

TO: DEPARTMENT OF JUVENILE JUSTICE
BUREAU OF FINANCE AND ACCOUNTING
2737 CENTERVIEW DRIVE
TALLAHASSEE, FLORIDA 32399-3100

FROM: OFFICE/FACILITY NAME:
ORG CODE: EO: WF
REQUESTED AMOUNT:\$

MAKE CHECK PAYABLE TO: MAIL CHECK TO:

DESCRIPTION/JUSTIFICATION OF EXPENDITURES:

THIS IS TO CERTIFY THAT I UNDERSTAND I MUST SUBMIT RECEIPTS AND/OR A MONEY ORDER/CASHIER'S CHECK EQUAL TO THE REQUESTED AMOUNT TO THE BUREAU OF FINANCE AND ACCOUNTING WITHIN 10 WORKING DAYS FROM THE ISSUANCE DATE OF CHECK.

REQUESTOR: TITLE:
SUNCOM: DATE:

DJJ DIRECTOR/MANAGER OR DESIGNEE APPROVAL:
SUNCOM: DATE:

FOR FINANCE AND ACCOUNTING USE ONLY:
CHECK NUMBER:
APPROVED BY:
TITLE: DATE: