

**Department of Corrections
Employee Benefit Trust Fund
EBTF Expenditure & Check Request**

EBTF LOG #: _____

Institution: _____

Submitted By: _____

Expenditure Request

Expenditure Type (check one):

- Event
- Equipment
- Construction
- Donation

Date: _____

Attendees: _____

Location: Institution / Off Site
(circle one or both)

Staff / Family
(circle one or both)

Description: _____

Justification: _____

Check Request for Local Bank Account Funds

Vendor(s):	Estimated Amount	Description	Local Bank Check #	Local Bank Check Date	Local Bank Check Amt

Estimated Cost: _____

TOTAL COST: _____

Check Request for Central Account Funds

	Check #	Check Date	MAIL CHECK
VENDOR NAME: _____ AMOUNT: _____			Y/N
VENDOR NAME: _____ AMOUNT: _____			Y/N
VENDOR NAME: _____ AMOUNT: _____			Y/N
VENDOR NAME: _____ AMOUNT: _____			Y/N
VENDOR NAME: _____ AMOUNT: _____			Y/N

Check(s) will be mailed to Institution. Forward signed receipts with DOC ID# to CO-FinAcct-EBTF.

Approved by Warden _____	Date	Approved: Yes / No (circle one)
Regional EBTF Team (if applicable) _____	Date	Approved: Yes / No (circle one)
Asst. Secretary of Institutions (if applicable) _____	Date	Approved: Yes / No (circle one)
Bureau of Finance & Accounting _____	Date	Funds Available? Yes / No (circle one)