

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
GROUP WITHDRAWAL DRAFT (GWD)

Residence _____

Date _____

NOTE: If any one person's withdrawal request is for more than \$200, a separate Personal Funds Draft (PFD) must be completed and the necessary signatures obtained to ensure proper approval.

Social Security Number	Names (list alphabetically) Last Name First (Smith, Joe)	Amounts Requested
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
XXX-XX-____		\$
TOTAL FUNDS REQUESTED		\$

Purpose of Withdrawal: Weekly Canteen Other - Explain in detail: _____

Requested By: _____ / _____ Date _____ Approved: _____ / _____ Date _____
(Staff Representative) *(Residential Manager or QID/DDP)*

Funds Verified & Encumbered: _____ Paid By: Cash Check #: _____
(Regional Bank Liaison)

Paid By: _____ Date _____
(Cashier)

Received By: _____ Date _____
(Staff Representative)

I certify that the above mentioned withdrawn funds were either given to or expended for the sole benefit of the people named above, with the exception of \$ _____ in unspent funds that I am returning to the Regional Bank.

_____/_____
(Staff Representative) Date *(Regional Bank Liaison)* Date

- Regional Bank (1st Copy) For posting purposes after disbursing funds.
- Certification (2nd Copy) For Regional Bank audit records after purchases are made and unspent funds, if any, are returned to the Regional Bank for deposit (within 2 business days).
- Residence (3rd Copy) For residence staff after certification signature of Regional Bank Liaison has been obtained.