
Date

Client Name

Client ID Number

Email Address or Phone Number

Authorized Rep Name & Authorized Rep Number (If Applicable)

Authorized Rep Email Address or Phone Number (If Applicable)

Request Money For:

_____ To Pay a Bill

_____ Personal Spending Money

_____ Personal Purchase (Please Specify) _____

Requested Amount:

\$ _____

Who should the check be made out to?

Name: _____

Address: _____

Account # / Invoice # / Bill #: _____

Where is the check to be mailed if different from the above address? For instance, the check can be made out to a client but sent to an authorized rep's address.

Name: _____

Address: _____

It is the responsibility of the client and/or authorized rep they are working with to submit receipts for all purchases to Help Me Budget Inc.

Client/Guardian Signature

Authorized Representative Signature (If Applicable)