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

Institution: _____

Expenditure Request: **page** __ **of** ___

<u>Event:</u>		<u>Equipment:</u>		<u>Construction:</u>	
Charitable/Community	☐	Appliances	☐	Improvements	☐
Employee Appreciation	☐	Fitness	☐	Major	☐
Family	☐	Repair	☐	Renovation	☐
Holiday	☐	Supplies	☐	Restoration	☐
Morale	☐	Other	☐	Other	☐
Retirement	☐				
Training	☐				
Other	☐				

Justification/Description: **Date of Event:**

Estimated Amount:

(if more space is need please add attachment)

Location: <u>Institution / Off Site</u>   **No. of attendees**: _____ Staff / Family
(circle one)   (circle one or both)

Check Request:

Vendors Name: _____   **Amount: $** _____

Address to Mail Check (physical address only):   *Mail check FedEx:*   Yes / No
                                                                                (circle one)

Once purchase has been made please forward all signed receipts to :
E-Mail address: _____

Submitted by (name & title): _____

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