

Date Entered: _____	Vendor #: _____
Consumer #: _____	
Amount: _____	Entered by: _____
Date Paid: _____	Check #: _____

# Helping Hands Hawai'i

## REPRESENTATIVE PAYEE CHECK REQUEST FORM

Check Request Date: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Hold Check For Pick-UP  
 Mail Check To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason For Request: \_\_\_\_\_  
 \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Case Manager's Name-Printed

\_\_\_\_\_  
 Case Manager's Signature

\_\_\_\_\_  
 Representative Payee-Signature

Budgeted Expense  
 Non-Budgeted Expense

**\*\*\* ALLOW 5 BUSINESS DAYS TO PROCESS \*\*\* RECEIPTS ARE REQUIRED**

Rep Payee Use:	BROWN	GREEN
_____ PHONE CALL		
_____ FACE TO FACE W/ CM		_____ G/L Balance
_____		