STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REQUEST FOR EXPENDITURE

OCCUPATIONAL THERAPY FUND - INMATE BENEFIT FUND

1. _____ Correctional Facility
2. Request for Expenditure from Ledger Account entitled_____
3. Date of Expenditure _____ Amount: $_____
4. Item(s) to be Purchased _____

   _____

   4.a. Explain how and where items will be utilized (purchases must have general benefit for the entire population):

   _____

   _____
5. To be Paid To:_____
6. Date to be Paid: _____
7. ILC President (sign) _____ Date _____
8. ILC Secretary (sign) _____ Date _____
9. ILC Staff Advisor (sign) _____ Date _____
10. Ledger Balance:_____ Approved Commitments:_____ Pending Requests: _____

    Available Balance:_____ Date:_____ Verified By:_____
11. **Superintendent Approved** yes ☐ no ☐ (sign) _____Date_____
12. Reason for Disapproval: _____

    _____

    _____

_____

13. **HUB Superintendent Approved** yes ☐ no ☐ (sign) _____Date_____

    (only required for expenditures under $500 for facilities that DO NOT have ILC)

_____

FOR EXPENDITURES OVER $500, FORWARD TO CENTRAL OFFICE FOR APPROVAL

14. **Budget & Finance Approved** yes ☐ no ☐ (sign) _____Date_____
15. Reason for Disapproval: _____

    _____

    _____

16. Business Office Check #: _____ Date: _____

Original - Business Office

Copy 2 - Superintendent

Copy 3 - ILC