SETA Fiscal Transmittal

Attachment 7

| | | | | | | | | | | Attachment 7 | | | |
|---|---------------|-----------------------------|-----------------------------|--------------------|------|---------------|--------------------------------------|---|--|----------------------------------|----------------------------------|--|----------------------------|
| Contact Information (For <u>all</u> form uses) | | | | | | | | | | Non-Cash Service Request | | | |
| Date | Location/Prog | ram | Requester (Please Print) | Signature Pt | | | Phone # | one# | | Type | Number/Den | Number/Denomination of Cards Requested | |
| | | | (Flease Frint) | | | | | | | (Only One Type per Log) | | oi Carus Ki | equesicu |
| | | | | | | | | | | Gas Clothing Food Bus Work Tools | | | <u> </u> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | Vendor | name |
| | | | | | | | | | | | To be completed b | by Fiscal Dept. | |
| Customer Name | | Customer Signature and Date | | Soc Secu Num | rity | Grant Code | <u>Purpo</u> Supportive Incent | oose e Service, tives Amount Requested | | | Actual Amount (If Applicable) | Check/Scrip Number (If Applicable) | Coach Initial & Date |
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| For scrip replenishment, attach the appropriate <u>Financial Assistance Forms</u> and supporting documents | | | | | | | | | | | | | |
| Reviewed and approved by: Date: | | | | | | | | | | | | | |

Site Supervisor Signature