



# Wendell Foster's Campus

P.O. Box 1668 - Owensboro, KY 42302-1668 - Phone (270) 683-4517 - Fax (270) 683-0079

## Preapproval Form for Resident Purchases

Resident Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person Requesting Preapproval: \_\_\_\_\_

Address of Requesting Person: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Estimated Date(s) of Purchase: \_\_\_\_\_

Estimated Dollar Amount of Purchase: \$ \_\_\_\_\_

Item(s) to be Purchased: \_\_\_\_\_  
\_\_\_\_\_

Reason for Purchase: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Requesting Preapproval: \_\_\_\_\_ Date: \_\_\_\_\_

QM RP/Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **FOR INTERNAL USE ONLY:**

Signature Verifying Items were Received by Resident: \_\_\_\_\_

Date Resident Received Items: \_\_\_\_\_

Date Receipts Received: \_\_\_\_\_ Date Check Issued for Reimbursement: \_\_\_\_\_ Ck#: \_\_\_\_\_