

REQUEST OF FUNDS INSTRUCTIONS

What is a Request of Funds form?

A Request of Funds form allows the ETV Coordinator to send payment directly to the vendor and/or individual requesting the funds.

How do I submit for payment? (PLEASE READ CAREFULLY)

1. Enter the **Name** and complete **Address** of the vendor or individual receiving funds.
2. If applicable, enter **Account/Apartment Number**.
3. Under **Budget Worksheet Items** enter the **Amounts** directly from your Budget Worksheet, then put the **Total Amount**. ***Amounts for the items must match Budget Worksheet exactly.*
4. Enter your **Student Name** and **Phone Number**.

Examples:

Release of Funds Example:

BCFS
Health and Human Services • Est. 1944

EDUCATION AND TRAINING VOUCHER PROGRAM
REQUEST OF FUNDS FORM

Name: John Smith FY:

Address: 1234 Fruit Road
San Antonio, TX 77111

Account/Apartment Number (If Applicable) Apt. #0000

Change of Address

Budget Worksheet Items	Amount	Budget Worksheet Items	Amount
Residential Housing or Room/Board		Books	
Vocational (Training Program)		School Supplies	
Educational		Laptop	
Utilities		Computer Supplies	
Vehicle Insurance	1000	Software	
Fuel	500	Food	
Maintenance/Repairs		Clothes/Personal Hygiene	
Purchase of Bicycle		Childcare	
Bus pass		Total Amount: 1500	
Medical			

Student Name: John Smith Phone Number: 111-333-4444

For Assistance or Information: ETV: 4346 Loop 410 San Antonio TX 78229, Phone: 1-877-268-4063, Fax: 210-208-5605, www.texasetv.com

Rent Example:

BCFS
Health and Human Services • Est. 1944

EDUCATION AND TRAINING VOUCHER PROGRAM
REQUEST OF FUNDS FORM

Name: Apple Apartments Leasing Office FY:

Address: 1234 Fruit Road
San Antonio, TX 77111

Account/Apartment Number (If Applicable) Apt. #0000

Change of Address

Budget Worksheet Items	Amount	Budget Worksheet Items	Amount
Residential Housing or Room/Board	1000	Books	
Vocational (Training Program)		School Supplies	
Educational		Laptop	
Utilities		Computer Supplies	
Vehicle Insurance		Software	
Fuel		Food	
Maintenance/Repairs		Clothes/Personal Hygiene	
Purchase of Bicycle		Childcare	
Bus pass		Total Amount: 1000	
Medical			

Student Name: John Smith Phone Number: 111-333-4444

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Approved By:

ETV Coordinator _____ Date _____

ETV Program Director, Regional Director, or Executive Director _____ Date _____

FOR OFFICE USE ONLY:

Description of Goods:

T:
H:
U:

Approved By:

ETV Coordinator _____ Date _____

ETV Program Director, Regional Director, or Executive Director _____ Date _____

FOR OFFICE USE ONLY:

Description of Goods:

T:
H:
U:

Name: _____

Address: _____

Account/Apartment Number (If Applicable) _____

FY:

Change of Address

Budget Worksheet Items	Amount	Budget Worksheet Items	Amount
Residential Housing or Room/Board		Books	
Vocational (Training Program)		School Supplies	
Educational		Laptop	
Utilities		Computer Supplies	
Vehicle Insurance		Software	
Fuel		Food	
Maintenance/Repairs		Clothes/Personal Hygiene	
Purchase of Bicycle		Childcare	
Bus pass		Total Amount	
Medical			

Student Name: _____

Phone Number: _____

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Approved By:

ETV Coordinator

Date

ETV Program Director, Regional Director, or Executive Director

Date

FOR OFFICE USE ONLY:

<p>Description of Goods:</p> <p>T:</p> <p>H:</p> <p>U:</p>
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