

Fax or Mail Completed Form to:
S.N.E.S.A.A.
P.O. Box 0409 Swansea, MA 02777
Phone: 774-365-4441 Fax: 774-365-4442
info@snesaa.org www.snesaa.org

Date: _____

Dear S.N.E.S.A.A.,

RE: Request Spending Money For: _____
(Name of Individual)

Please Make Check Payable to:

Please send check in the amount of \$ _____
to the address below:

I am planning to use this money for _____

_____ will be assisting me with spending this money and will collect receipt(s)
for the purchases. All of the receipts will be sent to my representative payee S.N.E.S.A.A. at the address above.

The following is the contact information if you have any questions regarding this request:

_____ (Name of Contact Person)

at _____ (Name of Agency),

at _____ (Phone #)

Sincerely,

(Signature of authorized staff completing this form)



To be completed by SNESAA only:

Date: _____ Database: _____ Filed: _____ Approved: _____