



Living In Familiar Environments

Benefits Management Corporation and Living in Familiar Environments

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Expenditure Request

Date of Request: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client SSN or Trust Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Receipts must be submitted to Benefits Management Corp/LIFE after the purchases have been made. No future requests will be granted until receipts for purchases from this request are received. Funds granted through this request, must be used to purchase the item(s) listed above.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_