DEPARTMENT OF HUMAN SERVICES CLIENT TRUST FUND

MANDATORY FORM

FORM 298

Rev: Aug 1999

CLIENT:	**SOCIAL SEC. #:**	**WORKER:** (For Office Use Only)

	DATE	PAYEE NAME	PAYEE ADDRESS	F/O	WORKER SIGNATURE	SUPERVISOR SIGNATURE ($500 and over)	AMOUNT	CHECK #	DATE	CHECK SIGNER INITIALS	CHECK SIGNER INITIALS	P/U
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CLIENT ADDRESS: (optional)

SPECIAL INSTRUCTIONS: