



ROBERT SPRAGUE

TREASURER OF OHIO

CONTINGENCY FUND WITHDRAWAL FORM

Withdrawal date:
Amount:

Description and justification*:
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*Justification should include a detailed explanation as to why the funds belong to the entity and documentation providing sufficient proof must be attached to this form.

Withdrawal from Account:
TOS Provisional Funds TCCA 600-424-600

I hereby certify that the withdrawal of these funds is for a proper and legitimate use.	
Authorized Agency signature:	Date:

Revenue Management Department Use	
Approve:	
Deny:	
If deny, alternative:	
Authorized signature:	Date: