MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
CLIENT INCOME AND DISBURSEMENT SYSTEM

INCOME WITHDRAWAL DOCUMENT

CLIENT INFORMATION

1. CLIENT NAME (LAST, FIRST, MIDDLE)

2. CLIENT DCN	3. REF. NO.	4. AMOUNT

PAYEE INFORMATION

5. NAME

6. TELEPHONE NO.

7. ADDRESS LINE 1

8. CITY	9. STATE	10. ZIP CODE

APPROVAL INFORMATION

11. PREPARED BY	12. WKR. I.D. NO.	13. DATE	14. FIPS CO. NO.
15. DIR/DESIGNEE	16. WKR. I.D. NO.	17. DATE	

REMARKS