STATE OF WISCONSIN **CIRCUIT COURT** **POLK COUNTY**

IN THE MATTER OF THE GUARDIANSHIP

OF

_____
(Name)

REQUEST TO APPROVE EXPENDITURE

FILE NO.

I am the guardian of _____.

I am requesting Court approval to spend $ _____ (for any single item expenditure in excess of $250.00, excluding medical or cost of care expenses) of the ward's funds for the benefit of the ward as follows: ☐ See attached invoices, estimates, supporting documentation.

_____

_____

_____

_____

As guardian, I believe this expense is necessary and appropriate because:

_____

_____

_____

_____

_____
Signature of Guardian

_____
Name printed/typed

_____
Date

ORDER

The Court having reviewed the request to which this Order is affixed: **IT IS HEREBY ORDERED**, the request is:

_____APPROVED _____ DENIED _____ HEARING SET

Dated: _____

_____
Honorable

Distribution: Court – Original
Guardian