



E. Shoshone Dept. of Family Services

IIM Department  
P.O Box #945 Ft. Washakie, WY 82514  
Ph: (307) 332-6591/6592  
Fax: (307) 332-6593

Distribution Plan Request

Date: \_\_\_\_\_

IIM Account holder: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Please write out your request as detailed as possible "Itemized list"

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The total amount being requested is \$ \_\_\_\_\_

Please send the payment to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Regulations require receipts for expenditures made from a supervised Individual Indian Money (IIM) account. Receipts must be provided to E. Shoshone Dept. Of Family Services IIM worker before any disbursements can be made from the IIM account. The receipts must be in accordance with the distribution plan. A custodial parent or legal guardian must provide receipts for the use of the IIM funds.

By signing below you are acknowledging that you have read the bold print above and will provide receipts to the ESDFS IIM office for the expenditures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date