

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

**PROTECTIVE PAYEE'S ACCOUNT**

CASE IDENTIFICATION				
CO.	RECORD NUMBER	CAT.	CTR. DIG.	DIST.

In capacity as protective payee for \_\_\_\_\_  
NAME \_\_\_\_\_

\_\_\_\_\_, I have received the sum of \$ \_\_\_\_\_  
from the Department of Public Welfare between \_\_\_\_\_ and \_\_\_\_\_

This sum has been spent entirely for the benefit of the person named above.

\_\_\_\_\_  
SIGNATURE OF PROTECTIVE PAYEE DATE \_\_\_\_\_

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PA 50-P - 10/93