County/ County Number

[ ] AUTHORIZATION FOR DISBURSEMENT [ ]  REQUEST FOR PURCHASE ORDER

**(Requests may be returned for completion if all \*Sections are not completed)**

*\*Client/Employee:*

(List employee name only if request is for training, otherwise list client name)

Child Number:      Service Month:       Client Count

***\*Payee/Vendor Name***:       Vendor Number

Mailing Address:       ***\*Program* *Number*:**

 (refer to COSTAR http://167.193.143.47.9700)

 City, State Zip:       Entitlement Code:

PO Number:       ***\*Amount*:** $

(*Purchase order number)*

***\*Fund Source :***[ ] State(100/500) [ ]  Cash Match(200/600) [ ]  Grant(300) [ ]  County(400)

***\*Purpose of request*:**       (if request is for worker training – list confirmation number, dates of training, and type of training)

 (please provide information that may need to be included on check)

***\*Check is to be:*** (check one) - *if check is to be picked up: Receipt Verification Section must be completed*

 [ ]  Mailed – Vendor [ ]  Mailed – County [ ]  Other (Specify)

***\*Caseworker Signature***       ***Date:***

***\*Approval Signature***       ***Date:***

 (Original invoice must be approved for payment)

***\*County Purchasing Authority******Date:***

 (Please sign CPA line if request is for a purchase order)

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*Receipt Verification (Check Pick-up)*

I certify that I have received a check/items/service indicated above.

Print Name:       Signature:       Date: