



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: