

(ADPOR)

	FIELD FISCAL SERVICES UNIT Department of Human Resources Division of Family and Children Services	
_____ COUNTY / COUNTY NUMBER _____		
<input type="checkbox"/> AUTHORIZATION FOR DISBURSEMENT <input type="checkbox"/> REQUEST FOR PURCHASE ORDER <i>(Requests may be returned for completion if all *Sections are not completed)</i>		
*Client/Employee: _____ <small>(Please type in person name if request is for training, otherwise list client name)</small>		
Child Number: _____	Service Month: _____	Client Count: _____
*Payee/Vendor Name: _____		Vendor Number: _____
Mailing Address: _____		*Program Number: _____ <small>(refer to DCF's Policy 11.07.10.1.01.01.000)</small>
City, State, Zip: _____	Vendor: _____	Entitlement Code: _____
PO Number: _____	<small>(provide order number)</small>	*Amount: \$ _____
*Fund Source: <input type="checkbox"/> State(100/500) <input type="checkbox"/> Cash Match(200/600) <input type="checkbox"/> Grant(300) <input type="checkbox"/> County(400)		
*Purpose of request: _____ <small>(if request is for vendor training - list confirmation number, date of training, and type of training) (please provide information that may need to be included on check)</small>		
*Check is to be: (check one) - if check is to be picked up, Receipt Verification Section must be completed		
<input type="checkbox"/> Mailed - Vendor <input type="checkbox"/> Mailed - County		
<input type="checkbox"/> Other (specify) _____		
*Caseworker Signature _____		Date: _____
*Approval Signature _____		Date: _____
*County Purchasing Authority _____		Date: _____ <small>(Please sign PO's for all requests for purchase order)</small>
RECEIPT VERIFICATION (CHECK PICK-UP)		
I certify that I have received a check/items/service indicated above.		
Print Name: _____	Signature: _____	Date: _____
	<i>An Equal Opportunity Employer</i>	<i>FFS Form # Attachment #</i>

AUTHORIZATION FOR DISBURSEMENT AND PURCHASE ORDER REQUEST
(ADPOR)

The ADPOR form is used to request payment for regular operating and 500 program expenditures. For example: Regular Operating expenditures - registration fees, advance payment to hotels, and fingerprints for day care vendors; 500 Programs – PUP funds, drug screens, costs of fingerprints for foster parents, and other programs where indicated.

INSTRUCTIONS TO COMPLETE ADPOR FORM:

- 1. Print the County name and number.**
- 2. Check the appropriate block for Disbursement/Purchase Order or both.**
- 3. Enter the Service Month.**
- 4. Enter the Vendor (or Payee) name.**
- 5. Print the Mailing Address, if the check should be mailed.**
- 6. Print the Program Number.**
- 7. Enter the Entitlement code if used with a 500 program.**
- 8. Provide Purchase Order number if applicable.**
- 9. Provide the Amount requested.**
- 10. Indicate the Fund source and circle the proper program number.**
- 11. Describe the purpose of the request. If related to an employee, please list the employee name. If related to travel for worker training, please attach a copy of the registration form and training agenda; also, list the hotel name, name of the training and date of training.**
- 12. Please indicate where check should be mailed.**
- 13. Person initiating the request must sign.**
- 14. Must have the proper approval signature.**
- 15. If the request is for a Purchase order – County Purchasing agent must approve.**
- 16. Provide the date of the request.**