     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)

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

*Receipt Verification (Check Pick-up)*

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

Print Name:       Signature:       Date: