$\qquad$

## Children's Benefit Fund Request

Check \# $\qquad$

Objective: (Please give a brief description of the event/activity/reason for the request)

Sponsoring Agency/Organization: $\qquad$
Address:

Contact Person:
State: $\qquad$

Zip Code:
Fax: $\qquad$
Phone \#s: Work: $\qquad$
Date \& Time of Event/Activity: $\qquad$
No. of Volunteers: $\qquad$ Phone: $\qquad$
Please list number of children \& families being served by this event/activity, along with the child's name \& CYCIS ID\# served and criteria for selection. Attach additional pages if necessary.

## CHECK PAYABLE TO:

$\qquad$ AMOUNT REQUESTED:
MAIL CHECK TO: Name and Address: $\qquad$

Special Instructions: $\qquad$
$\qquad$
Please Check One: $\quad \square$ Entertainment $\quad \square$ Gifts $\quad \square$ Space Rental $\square$ Food (Cost per Person: $\quad \square$ )
$\square$ Vital Records (Birth Certificate) $\quad \square$ Other - Specify: $\qquad$

Approved By: Custodian of Fund (Signature):
Amount Approved: $\qquad$ Date of Check Submission: $\qquad$

## TO BE APPROVED BY THE SUPERVISOR AND REGIONAL ADMINISTRATOR, DEPUTY DIRECTOR, OR DESIGNEE REQUESTING FUNDS

All payments from the children's benefit fund are to be made directly to the source of goods and/or services. All requests must
be accompanied by itemized billings or statements from the vendor. Final receipts for goods and/or services purchased with
this funding shall be submitted or funds returned to the children's benefit fund within 10 working days after the event/activity.
All receipts and documentation will be maintained in the Office of Budget and Finance. Scan and E-mail this form and
supporting documentation to the "Children's Benefit Fund" mailbox found in the Global Address Book on Outlook.
$\quad * *$ NO REIMBURSEMENTS WILL BE MADE WITHOUT PROPER PROOF OF EXPENSES.**
I AM REQUESTING THE FUNDS AS LISTED ABOVE AND AGREE TO THE TERMS AS SET FORTH ABOVE.
Approving Supervisor's Printed Name:
SUPERVISOR'S SIGNATURE:
Approving Administrator's Printed Name and Title:
ADMINISTRATOR'S SIGNATURE:

