CFS 906-7 Rev 02/2016

State of Illinois Department of Children & Family Services

Request #	#: <u> </u>		•
Check #			<u>-</u>

Children's Benefit Fund Request

Objective : (Please give a brief descr	ription of the event/activity/reason for the r	request)	
Sponsoring Agency/Organization:			
Address:			
City:			
		Fax:	
Location of Event:		one:	
Please list number of children & fan served and criteria for selection. Att		along with the child's name & CYCIS ID#	
CHECK PAYABLE TO:		_ AMOUNT REQUESTED:	
	ress:		
Special Instructions:			
Amount Approved:	Signature): Date of Check Sub	omission:	
TO BE APPROVED BY THE SUI DESIGNEE REQUESTING FUNDS	PERVISOR AND REGIONAL ADMIN	NISTRATOR, DEPUTY DIRECTOR, O	
be accompanied by itemized billings o this funding shall be submitted or fund All receipts and documentation will be	fit fund are to be made directly to the source or statements from the vendor. Final receipts als returned to the children's benefit fund with a maintained in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Benefit Fund' mailbox found in the Office of Budget and Final dren's Bu	hin 10 working days after the event/activity. ance. Scan and E-mail this form and	
NO REIMBURSEMEN'	TS WILL BE MADE WITHOUT PROI	PER PROOF OF EXPENSES.	
I AM REQUESTING THE FUNDS A	S LISTED ABOVE AND AGREE TO THE	E TERMS AS SET FORTH ABOVE.	
Approving Supervisor's Printed Name	:		
SUPERVISOR'S SIGNATURE:		DATE:	
Approving Administrator's Printed Na	ame and Title:		
ADMINISTRATOR'S SIGNATURI	E:	DATE:	