CFS 152B
3/2004

State of Illinois
Department of Children and Family Services

Children's Account Unit Disbursement Request Form

Ward's Name: _____ DCFS ID Number: _____

We request a check to be drawn on the child's account for the following needs.

Note: A separate request form must be completed for each vendor.

Vendor's Name: _____

Address: _____

City, State, and Zip: _____

Item	Cost	How will this benefit the child?
Subtotal		
Applicable sales tax		
Total funds requested		

Attach estimates, quotes, or brochures to verify the cost of each item. Additional pages may be attached if necessary.

Checks will be made payable to the vendor and mailed to the child welfare agency for appropriate arrangement of services or merchandise.

_____ _____ (_____) _____
Case worker Date Telephone and Extension

_____ _____ (_____) _____
Supervisor Date Telephone and Extension

Agency/Office : _____

Address: _____

City: _____ Zip: _____ Fax: (_____) _____