

Request #: \_\_\_\_\_  
Check # \_\_\_\_\_

**Children's Benefit Fund Request**

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

Sponsoring Agency/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #s: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_  
No. of Volunteers: \_\_\_\_\_ Date & Time of Event/Activity: \_\_\_\_\_  
Location of Event: \_\_\_\_\_ Phone: \_\_\_\_\_

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:** \_\_\_\_\_ **AMOUNT REQUESTED:** \_\_\_\_\_

**MAIL CHECK TO:** Name and Address: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Please Check One:**  Entertainment  Gifts  Space Rental  Food (Cost per Person: \_\_\_\_\_)  
 Vital Records (Birth Certificate)  Other – Specify: \_\_\_\_\_

**Approved By:** Custodian of Fund (Signature): \_\_\_\_\_  
Amount Approved: \_\_\_\_\_ Date of Check Submission: \_\_\_\_\_

**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.

**\*\*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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Approving Administrator's Printed Name and Title: \_\_\_\_\_

**ADMINISTRATOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_