CFS 152B
3/2004

State of Illinois
Department of Children and Family Services

Children's Account Unit Disbursement Request Form

Ward's Name: Marcus J. Sterling DCFS ID Number: 8829401-X

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: All-Pro Educational Supplies

Address: 4500 Industrial Way, Suite B

City, State, and Zip: Chicago, IL 60609

Item	Cost	How will this benefit the child?
Subtotal	Marcus J. Sterling	
Applicable sales tax	8829401-X	
Total funds requested	710.00	

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 _____ (312) 555-0199 Telephone and Extension

Supervisor _____ Date _____ (312) 555-0844 Telephone and Extension

Agency/Office : _____

Address: 100 W Randolph St

City: Chicago Zip: 60601 Fax: (312) 555-9000