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 acc	count for the following	ng needs.
Note: A separate	request form n	nust be completed	for each vendor.
Vendor's Name:			
Address:			
City, State, and Zip:			
Item	Cost	How will this be	nefit the child?
Subtotal			
Applicable sales tax			
Total funds requested			
Attach estimates, quotes, or b be attached if necessary.	rochures to ver	rify the cost of each	ch item. Additional pages may
Checks will be made payable to arrangement of services or merch		mailed to the child	I welfare agency for appropriate
			()
Case worker		Date	Telephone and Extension
			(
Supervisor		Date	Telephone and Extension
Agency/Office :			
Address:			
City:	Zip:	Fax	:: <u>(</u>)