

CASA Children's Fund

Disbursement Request

DATE: _____

TIME SENSITIVE: _____
Date needed: _____

Requestor:

HRA/Social Worker _____ or Advocate _____

CASA Advocate Supervisor _____

Child's Name: _____

Check if from Older Youth Fund

Child's Age: _____

Is youth a Non-Minor Dependent? yes no
(please circle)

Gender: _____

Purpose & Benefit: _____

If you are requesting funds for a purchase, to whom should we make out the check?

Note: All purchases must be pre-approved by your CASA Supervisor. Payments will be made directly to vendors unless another payee is approved.

Pay To: _____

Mail To: _____

Amount: \$ _____

- Pay and Mail to same
- Pick up at the CASA Office
- Give to Staff person: _____

Approved By: _____

I have attached the name of the CASA child,
if applicable.

Authorized By: _____

Fax form to CASA office: (831) 761-2913
Questions: Call CASA - (831) 761-2956

Date Paid: _____

Check # _____

Requester Notified: _____

Vendor Notified, if needed: _____