

**REQUEST FOR PAYMENT/ REIMBURSEMENT
FRIENDS OF THE BEXAR COUNTY CHILD WELFARE BOARD**

DATE: _____

Estimated Cost:
\$0.00

(Attach store estimate)

MAKE CHECK PAYABLE TO:

X

(Merchant Name)

IMPACT CASE #

FOR ACCOUNTANT USE ONLY		
[] FBCCWB, Inc., Jury Account		
Budget Line Item.		
[] 000	Medical Emergencies & Funeral	Check Number _____
[] 001	Strollers & Car Seats	
[] 002	Baby Items- (Sheets, High Chair, etc.)	Receipt Attached _____
[] 003	Cribs, Beds, Mattresses, etc.	
[] 006	Bus Tickets	Total Purchase _____
[] 007	Education & Support	
[] 014	Special Proect- Hair-A-Thon	Cash Returned _____
[] 016	Rainbow Room Supplies	
[] 017	Thanksgiving	Left in Check _____
[] 019	PAL Graduation	
[] 020	Media Training	Check VOIDED _____
APPROVED ITEMS:		
Number of Families request will serve: _____		
Number of Children request will serve: _____		

LIST ONLY THE CHILDREN RECEIVING ITEMS			Custody or Non-Custody	Custody (TMC) Date	IMPACT PID #	Title IV-E Eligibile?	County Code	Placement Type
NAME(S) OF CHILD/REN:	Gender (Male / Female)	DOB						Relative or Fictive Kinship
						NO	015	
						NO	015	
						NO	015	
						NO	015	
						NO	015	
						NO	015	
						NO	015	

Justification: (Attach signed justification memo on letterhead.)

***Funds are for Bexar County Cases Only.** All requests require Bexar County approval.
You are required to provide receipts for all expenditures, and to return any unexpended funds to the Bexar County Child Welfare Board

REQUESTED BY:

_____ **Case Worker's Signature** _____ **Unit #** _____ **Date**

_____ **Supervisor/ PD Signature** _____ **Date**

_____ **Regional Operations Support Administrator Signature** _____ **Date**

_____ **Picked up By:** _____ **Date**