

CHILD AND FAMILY SERVICES AGENCY
Fiscal Operations Administration - Accounting Office

DEMAND PAYMENT FORM

THIS FORM SHOULD BE USED FOR ALL DEMAND PAYMENTS

FOR FOA USE ONLY:

Payment ID No _____

Date: _____

Total Amount _____

Requested By _____ Requestor Phone Number _____

Provider Name _____ Provider Id No: _____

For NEW providers the following information must be provided for entry into FACES:

Address _____ Tax ID No: _____

Provider Phone No: _____

For the following clients: (attach additional sheet if necessary)

Name:	Client Id:	Date of Service:	Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Brief Justification: (Attach memorandum and/or attach receipts if applicable)

Approval _____
Supervisor/* Program Manager or Designee Date

- A program manager or designee must approve all requests in excess of \$300.

You may enter the payment request into FACES system; however, this must be received in the Accounting office before the payment will be approved.

Check will be generated within 5-7 days after approval in FACES.