**EDWIN FAIR COMMUNITY MENTAL HEALTH CENTER, INC.**

# CLINICAL REQUEST FOR FLEX FUNDS

**DMH FLEX FUNDS**  **Adult**

**SOC FLEX FUNDS - DMH**  **Child**

**PACT FUNDS**

**Send check to vendor - *address must be listed*.  Return Check to Employee**

**$**

**Pay To: (Checks cannot be issued to consumers.) Amount**

**Vendor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, ST, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funds Required by (date):**

**Consumer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Member ID # (T19#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Edwin Fair Chart # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Where Services Provided\_\_\_\_\_\_\_\_\_\_\_\_**

Explain fully the nature of disbursement of funds to vendor, or the purchases to be made for the client.

No DMH Flex funds have been utilized during this contract

period (July 1 thru June 30)

Client has exhausted all other options for funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ALL ORIGINAL RECEIPTS MUST BE RETURNED TO ACCOUNTS PAYABLE AS SOON AS POSSIBLE.

Requested By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Name

Note\*\*\*\* Requested By and Approved By CANNOT be the same person.

Administrative Approval: Any expenditure over $199 must have Management Approval.

Approved By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACCOUNT DISTRIBUTION - FOR ADMINISTRATIVE USE ONLY** | | | | | | |
| **Vendor #** |  | |  | **Invoice Date:** | |  |
| **Invoice #** |  | |  | **Due Date:** | |  |
| **Description:** |  | |  |  |  |  |
| **Line Item** | | **Dept** | **Account Name** | | | **Amount** |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
| **Verified for Payment:** | | |  |  | **Accounts Payable** | |
| **Payment Approval** | | |  |  | **Exec Dir or CAO** | |