**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** |