

CASA SUPPORT COUNCIL FOR PIMA COUNTY, INC.

Special Request Over \$100

Requires Support Council Approval
Submit to Support Council President at least 10 days prior to Board meeting

CASA name (print) _____ Date _____

CASA email address _____

Case information: Case name _____

Number of children _____ Age(s) of child(ren) _____

Length of time in care _____

Details of request:

Describe the need: _____

Total amount requested \$ _____

Name/relationship of person/vendor to whom the check is payable _____

CASA Printed Name _____ Date _____ Coordinator Printed Name _____ Date _____

CASA Signature _____ Coordinator Signature _____

Program Supervisor recommendation: _____

Program Supervisor signature _____ Date _____

For CSCPC Board use only:

Board action: _____ Full approval _____ Partial approval (\$_____ for _____

_____ Denied (reason: _____

Terms/restrictions: _____