

CASA SUPPORT COUNCIL FOR PIMA COUNTY, INC.

**Special Request Under \$100**

CASA name (print) \_\_\_\_\_ Date \_\_\_\_\_

CASA Email address \_\_\_\_\_

**Case information:** Case name \_\_\_\_\_

Number of children \_\_\_\_\_ Age(s) of child(ren) \_\_\_\_\_

Length of time in care \_\_\_\_\_ Reason for dependency \_\_\_\_\_

**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 comments: \_\_\_\_\_  
\_\_\_\_\_

Supervisory action: \_\_\_\_\_ Full approval \_\_\_\_\_ Partial approval (\$\_\_\_\_\_ for \_\_\_\_\_)  
\_\_\_\_\_ Denied (reason: \_\_\_\_\_)

Terms/restrictions: \_\_\_\_\_

\_\_\_\_\_  
Program Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_