**TO: Assistant Director**

 **DCBS- Division of Administration and Financial Management**

**THRU: Human Services Supervisor - DCBS- Division of Administration and Financial Management**

**FROM:** Click here to enter text.

**DATE:** Click here to enter text.

**SUBJECT: Special Expense Request**

**CHILDS NAME:** Click here to enter text.

**DCBS Case #:** Click here to enter text.

***All special expenses must be approved through DCBS Division of Administration & Financial Management unless SOP specifically states a Service Region Administrator or Family Services Office Supervisor may approve.  This includes all medical expenses and property damage claims.***

**Placement:** Click here to enter text.

**Requested Services:** Click here to enter text.

**Justification:** Click here to enter text.

**TIME PERIOD:** Click here to enter text.

**AMOUNT: $** Click here to enter text.

**REGIONAL APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGIONAL DENIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAFM APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAFM DENIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**