

CPT Payment Request



COMMUNITY PROGRESS TEAMS IN MARION COUNTY MUST SUBMIT THIS FORM FOR EXPENSES RELATED TO THE WORK OF THE CPT. PLEASE ALLOW 2 WEEKS TO PROCESS THIS REQUEST.

DATE: _____

CPT NAME: _____

MAILING ADDRESS FOR PAYMENT: _____

Funding Source <i>(definitions below)</i>	2009-11	Amount Requested	Balance
Children, Youth & Families	\$9,276	\$	
Family Preservation & Support*	\$6,364	\$	

***If requesting FAMILY PRESERVATION & SUPPORT, PLEASE EXPLAIN USE OF THESE DOLLARS:**

BY SIGNING THIS FORM, YOU CERTIFY THAT THE FPS DOLLARS HAVE BEEN EXPENDED PER THE CPT BUDGET AND/OR COMMUNITY PLAN FOR FISCAL YEARS 2009-11.



AUTHORIZED SIGNATURE

DATE

Use of *Children, Youth & Families* and *Family Preservation & Support* funding must comply with the Oregon Administrative Rules. Please refer to the CPT Notebook for more information on usage and restrictions of these funding streams.