Arkansas Department of Human Services
Division of Children and Family Services

Meal Voucher Authorization For "FEED THE KIDS" Program

NOTE: When utilizing a Purchase Order this Meal Authorization Document must be submitted with the Invoice.

Amount of Meal Authorization: _____

Not to Exceed (Excluding Taxes): _____

Authorization Number:: _____

Name of Vendor: _____

Address: _____

_____

Meal Voucher Coupon Numbers: _____

Name of Client Receiving Meal: _____
Print Name

Type of Case: [*Check One*] Foster Care ☐ Protective Service ☐ Supportive Service ☐

Reason for Purchase: [*Fill Out One*]

TRANSPORTATION TO WHERE - _____

OTHER SITUATION REQUIRING MEAL - _____

Client: [*Fill Out Both*]

Case Number - _____ Social Security Number - _____

DCFS Staff Person Initiating Action: _____
DCFS Worker Signature

DCFS Official Authorizing Meal: _____
Area Director **or** County Supervisor Signature

Date of Service: _____

NOTE: Obtain vendor signature when utilizing vendor other than coupon book coupons.

$	$	$
Amount of Meal	Taxes	Total Amount
Vendor Signature	Title	Date