



AUTHORIZATION TO PURCHASE

State Form 51644 (R6 / 2-12)
Approved by State Board of Accounts, 2012
DEPARTMENT OF CHILD SERVICES

Bill to:
DCS KIDTRAKS INVOICING – MS 54
402 West Washington Street, Room W364
Indianapolis, Indiana 46204

Please type or print.

TO BE COMPLETED BY THE FAMILY CASE MANAGER (FCM)				
1. Authorized provider				
2. Authorized for purchase (please check all that apply): <input type="checkbox"/> Bottles, diapers, formula <input type="checkbox"/> Clothing (shirt, pants, shoes, socks, etc.) <input type="checkbox"/> Other DCS approved expenses (please list below)				

3. Name of FCM		4. Telephone number of FCM ()		5. Date of issue (month, day, year)
6. Local office mailing address (number and street, city, state, and ZIP code)				
7. Person identification number (child)		8. Case / assessment number		9. County issuing authorization
10. Billable unit referral identification (PO number)	11. Age	12. Sex	13. Comments	
14. Total authorized amount		15. Authorized user (foster parent / name of purchaser)		
16. Name of supervisor		17. Signature of supervisor (please sign in blue ink)		18. Date signed (month, day, year)

TO BE COMPLETED AND/OR VERIFIED BY PROVIDER				
19. Name of provider		20. Provider EIN number	21. DCS customer number	22. Total purchase amount
23. Payment address of store (number and street, city, state, and ZIP code)				
24. Printed name of purchaser		25. Signature of purchaser		26. Date (month, day, year)
PURCHASER PICTURE IDENTIFICATION (one required)				
27. Driver's license number		28. BMV identification card number		29. Other photo identification number
30. Signature of store representative				31. Date (month, day, year)

Questions?

Questions regarding this purchase (items to be purchased, billable unit referral identification, etc.) – please call the FCM (telephone number at item 4 above).
 Questions regarding payment for this purchase – please call DCS Payment Research toll-free at (877) 340-0309.

IMPORTANT – Please note the following:

- This authorizes the purchaser to buy items **authorized for purchase** (item 2) and may be used only once.
- State tax exempt number 003118568 can be applied only to purchases authorized on this voucher (item 2).
- **This voucher is no longer valid after thirty (30) days beyond the date of issue (item 5).**
- **Payment will be made in full** for items authorized on this voucher up to the **total authorized amount** (item 14).
- **This authorization form and a copy of receipt(s) are to be retained by the store for billing** via submission of originals to DCS KidTraks Invoicing (the billing address is at the top of this form).
- **A copy / original receipt must be provided to the person utilizing this Authorization to Purchase.**
- **Billing / invoicing must be sent within ten (10) business days of purchase.**