



CHILDREN'S SERVICES COUNCIL OF MARTIN COUNTY

Workflow Chain Setup

Select the area below:

Amendments Budgets Reimbursements

Agency: _____

Program: _____

MANDATORY

Creator Name: _____

Creator E-Mail: _____

OPTIONAL

Reviewer Name: _____

Reviewer E-Mail: _____

MANDATORY

Submitter Name: _____

Submitter E-Mail: _____

Signature: _____

Title: _____

Date: _____