

## Vendor Payment Request

Complete all relevant fields below for payment to be sent to a vendor for program-approved expenses. Payment will be generated on the next payroll cycle according to the Payroll Schedule, after Palco has processed this form, which may take up to five (5) business days. Please make sure the below vendor has properly submitted all paperwork to enroll with Palco prior to submitting this request.

PARTICIPANT INFORMATION		
Full Name	ID	Program/Plan
VENDOR INFORMATION		
Full Name	ID	FEIN or SS# of Payee
Vendor Address	City, State, Zip Code:	

Date of Service	Service Description & Explanation	Amount	Invoice Attached*
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
<b>TOTAL</b>		<b>\$</b>	

*\*An itemized invoice or quote MUST be attached. If other non-reimbursement items are included on receipt, highlight or circle only those to be reimbursed.*

Submit payment directly to:

- The employer's mailing address on file with Palco.
- The vendor's mailing address on file with Palco.

Special instructions:

By signing this form, I attest that the purchases described herein are made in compliance with program guidance.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Please return this form to Palco via email: [accounting@palcofirst.com](mailto:accounting@palcofirst.com)  
 or via fax to 1.877.859.8757.**