

Vendor Payment Request Instructions

Complete the following *Participant* information:

- Full Name
- Palco ID#
- Program/Plan (PA ODP)

Complete the following *Vendor* information:

- Name of Vendor (this will be who the check will be made payable to)
- Palco ID# (this will be assigned to the Vendor when they register with Palco)
- FEIN or SS# of Vendor/Payee
- Vendor address

Complete the following *Payment* Information:

- Date of Service – this is the date that the vendor provided the service. This date must also coincide with the date(s) of the service authorization.
- Procedure Code – this is the service code that is authorized in the Participant's plan.
- Service Description & Explanation – (example: Vehicle Modification/Install Wheelchair Lift)
- Amount – The total dollar amount of the invoice to be paid. This amount must match the amount on the attached invoice.
- Invoice Attached – this box is checked if you are attaching an invoice. Note: Palco cannot pay a vendor without an itemized invoice.
- Check the box indicating where the payment should be mailed.
- CLE must sign and date the form.

Attachments:

- An itemized invoice must be attached
- A W-9 form from the vendor (a blank form is available on the Palco website)

The CLE should send the Vendor Payment Request Form, the itemized invoice and the W-9 form to Palco for processing. Payment cannot be issued until all forms are received. Documents can be submitted to Palco by:

Fax: 1-877-859-8757

Email: enrollment@palcofirst.com

Mail: Palco, Inc.
Attn: Processing
P.O. Box 242930
Little Rock, AR 72223

Vendor Payment Request

Complete all relevant fields below for payment to be sent to a vendor for authorized services in the ISP. Payment will be generated on the next payroll cycle according to the PAODP 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:	

**A W-9 is required for all Vendors. All Vendors require a W-9 to be submitted with the Vendor Payment Request form. This form must be filled out and signed by the vendor.*

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

**An itemized MUST be attached. Invoices should only include items included in requests for waiver reimbursement.*

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 vendor is qualified to render this service and has met the waiver qualification criteria that is outlined in Appendix C of the current approved Waivers. I also attest that services were delivered and received consistent with the Individual Support Plan.

 CLE Signature

 Date

Please return this form to Palco via email: accounting@palcofirst.com or via fax to 1.877.859.8757.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2	Business name/disregarded entity name, if different from above	
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Pay Selection and Direct Deposit Authorization - Vendors

HOW WOULD YOU LIKE TO BE PAID?	
Payment Selection: (please check only one box)	
<input type="checkbox"/> Paper Check	<input type="checkbox"/> Direct Deposit:

Request Type (check one):

- New Account Setup Change in Existing Account Cancellation

DIRECT DEPOSIT ACCOUNT INFORMATION		
Account Holder's Full Name		ID or Last 4 of SSN
Financial Institution	Routing Number	Account Number
Type of Account (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

REQUIRED. The following validating documentation is attached:

- Voided check with account holder name printed on the check.
Check cannot be a temporary check.

OR

- Official documentation from financial institution listing account holder name, account, and routing number, this includes letters from banks.

I authorize Palco, Inc. to initiate deposits and debit entries for the purpose of correcting an erroneous deposit to the account indicated herein. In the event Palco is unable to initiate debit entries, I authorize the repayment to Palco from future amounts owed to me. I understand Palco is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to initiating debits against my account. I understand the risks of sharing an account with others, including my employer or worker. Palco is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Palco immediately. This authorization will remain in full force and effect until Palco has received written cancellation in such time and in such manner as to afford Palco and all appropriate financial institutions a reasonable opportunity to act on it.

Printed Name _____

Signature _____

Date _____