

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.

REFERENCE #

*Please write a unique reference number for tracking this request in the box above.

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.*

Make sure you submit all vendor payment requests within 60 days from the date of service. Requests submitted beyond 60 days from the date of service may not be processed or paid.

Submit payment directly to: <input type="checkbox"/> The employer's mailing address on file with Palco. <input type="checkbox"/> 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.