



West Virginia Pest Eradication Services Vendor Payment Request Form

Complete all relevant fields below for payment to a vendor for Pest Eradication services. Please allow up to five (5) business days for this form to be processed. Once processed, payment will be generated on the next payment cycle according to the Vendor Payment Schedule. If this is the first time this vendor is submitting a payment request, please complete a Vendor Packet, which can be found at <https://palcofirst.com/west-virginia/> under the Vendor tab.

REQUIRED INFORMATION	
Participant Full Name:	Participant ID
Vendor Name:	Vendor ID or FEIN
Date of Service: ____/____/____	Amount Requested: \$ _____
<input type="checkbox"/> Attached is an itemized estimate or invoice for the requested payment. Payment cannot be issued to the vendor without an itemized estimate or invoice.	
Service notes for S5121 U7 UK:	

For payment to be made to the vendor, Pest Eradication must be included on the participant’s Service Plan, up to the amount authorized on the Service Plan. Reimbursements for Pest Eradication will not be made to the participant. By signing below, I attest that the purchases described herein comply with program guidance. Failure to comply with these responsibilities may jeopardize continuation of Waiver services.

Employer Signature

Date

Vendor Signature

Date

Send completed paper forms by fax, email, or mail to Palco at the address below:

Fax: 1.877.859.8757
Email: rcsupport@palcofirst.com
Mail: Palco, Inc
Attn: Enrollment
P.O. Box 242930
Little Rock, AR 72223