

## Idaho Vendor Payment Request

Complete all relevant fields below for payment to a vendor for authorized services. Please allow up to five (5) business days for this form to be processed. Once processed, payment will be generated on the next payroll cycle according to the ID SD Payroll Schedule. Make sure the below vendor has properly submitted all paperwork to enroll with Palco prior to submitting this request.

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

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

*\*An itemized invoice MUST be attached. Invoices should only include items included with this request.*

Select the relevant option:

- Independent Contractor.** Make the check payable to the **vendor** and submit to the **vendor's** mailing address on file with Palco.
- Agency.** Make the check payable to the **vendor** and submit to the **vendor's** mailing address on file with Palco.
- Other Business.** Make the check payable to the **vendor** and submit to the **participant's** mailing address on file with Palco.

Special instructions:

By signing this form, I attest that the vendor is qualified to render this service, has met the program qualification criteria, and has a Vendor Agreement on file with Palco to support both the participant and this service, per the participant's Support and Spending Plan. I also attest that services were delivered and received consistent with the Support and Spending Plan.

\_\_\_\_\_  
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.**