



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 vendor below has properly submitted all paperwork to enroll with Palco prior to submitting this request. **An itemized invoice MUST be attached.*

REQUIRED INFORMATION	
Participant Full Name:	Participant Palco ID
Vendor Name:	Vendor ID or FEIN
<input type="checkbox"/> Check to be mailed directly to vendor OR	Vendor Address
<input type="checkbox"/> Check to be mailed directly to Employer	Employer Address

Date of Service	Service Code	Service Description & Explanation	Amount	Invoice Attached*
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
TOTAL			\$	

Select the relevant option:

- Independent Contractor** **Agency** **Other Business** **Online Only**

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. If the wrong item is received, I will let Palco know in writing within 14 days of item being delivered otherwise no returns or exchanges can be made,

Employer Signature

Date

Please return this form to Palco via email: accounting@palcofirst.com or via fax to (toll free) 1.877.859.8757 or 501-821-0045.