Wisconsin 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 Wisconsin 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	DOB
VENDOR INFORMATION	
Full Name	FEIN or Social Security Number
Vendor Address	City, State, Zip Code:

Date of Service	Service Code	Service Description	Units	Amount
				$
				$
				$
				$
				$
				$
				$
				$
		TOTAL	**$**	

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

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 1.877.859.8757.**