



CDC+



Request for Vendor/Independent Contractor Payment Form

Print Consumer's Name:				Consumer ID #	
Vendor/Independent Contractor:				CDC+ Provider ID #	
Mailing Address:					
City, State, Zip:					
If Representative signs this form, print name of Representative:					
Date of Service	Service Code	Plan Section	Back Up? Y/N	Name of Vendor whose invoice is attached	Invoice amount to be Reimbursed
					\$
					\$
					\$
If the payment for the provider you are paying with this submission comes from the One-Time/Short Term section of your Purchasing Plan, please indicate if this is the final invoice:					Final Invoice? Yes ____ No ____

1. All attached invoices must be from the vendor identified at the top of this form and must be for the same calendar month and one calendar month only. Only one month's worth of services from a single provider may be submitted with each Request for Vendor Payment Form. Please enter only the last day that services were provided in the month.
2. In the Service code column, enter the appropriate two-digit service code from your approved purchasing plan. If the service was an assessment or evaluation, the service code ends with "A." If the vendor has provided more than one service during the calendar month and billed you using one or more invoices, you must list each service on a separate line and attach all of the invoices.
3. In the next single block, enter the section of the purchasing plan in which the approved service was budgeted. SERVICES = R; ONE TIME EXPENDITURES = E; SAVINGS = S; SHORT TERM EXPENDITURES = T.
4. In the column entitled "Back Up? Y/N," put a "Y" if the provider provided the service in the capacity of an Emergency Back Up provider; if not, enter "N."
5. Enter the name of the vendor or independent contractor who provided the service.
6. Enter the amount of each invoice that is attached.

Also, consumer/representative must confirm that goods or services billed on the attached invoice(s) were received, by writing on the invoice(s): "Goods/services received as shown." Write the consumer ID number on the invoice(s). Sign the invoice(s) and print the name of either the consumer or representative who signed. Write the date signed next to the signature.

Consumer/Representative Signature

Date

Please keep this form along with the vendor invoice in a safe place because you may be asked to provide a copy during random program monitoring.