

**Self Directed Fiscal Management Services
Vendor Payment Request Form**

Participant Name: _____

Date Submitted: _____ Department: _____

Service Description		G/L Code	
Dates of Service		Amount	
Service Description		G/L Code	
Dates of Service		Amount	
Service Description		G/L Code	
Dates of Service		Amount	
Service Description		G/L Code	
Dates of Service		Amount	
Service Description		G/L Code	
Dates of Service		Amount	

Vendor Name: _____

Vendor Address: _____

****FIRST TIME VENDORS MUST PROVIDE A COMPLETED W-9****

BY SIGNING YOU REPRESENT THAT THE GOODS/SERVICES FOR WHICH THIS PAYMENT REQUEST IS SUBMITTED WERE DELIVERED/RECEIVED, THAT THE INVOICE IS TRUE AND ACCURATE AND THAT THE GOODS/SERVICES ARE IN ACCORDANCE WITH THE "INDIVIDUAL PLAN AND BUDGET".

VENDOR REQUEST APPROVED BY: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Dates of Service	Description	G/L	Amount
Dates of Service	Description	G/L	Amount
Dates of Service	Description	G/L	Amount
Dates of Service	Description	G/L	Amount
Dates of Service	Description	G/L	Amount
Dates of Service	Description	G/L	Amount
			TOTAL

_____ FMS: _____ NPP