



**The Arc Central Chesapeake Region  
Self-Directed Services  
Vendor Payment Request Form**

931 Spa Road, Annapolis, MD 21401

Please check if this is a CORRECTED form.  
Please refer to the Accounts Payable calendar for submittal due dates and processes.

	Local	Toll-Free
FMS Phone:	410.269.1883	866.252.6871
FMS Fax:	410.269.0034	888.272.2236
	<a href="#">Self-Directed Services (SDS) Webpage</a>	

**Vendor Payment Request Form**

**Please complete the information below and provide the required documentation in order to request a vendor payment for goods & services as indicated in the approved person-centered plan and budget.**

EMPLOYER NAME:	DEPT #:	
VENDOR NAME:		
VENDOR STREET ADDRESS:		
VENDOR CITY/STATE/ZIP:		
SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
<b>TOTAL AMOUNT DUE FOR INVOICE</b>		
EMPLOYER/DESIGNATED REP SIGNATURE:		
<p><b>BY SIGNING ABOVE, I CERTIFY THAT THE GOODS &amp; SERVICES REFLECTED BY THIS VENDOR PAYMENT REQUEST WERE DELIVERED/RECEIVED AND ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. I CERTIFY THAT THE INVOICE IS TRUE AND ACCURATE. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.</b></p>		

**Documentation Required for Payment**

PAYMENT TYPE	REQUIREMENTS/INFO
Payments made directly to a vendor	A quote or invoice with the following: <ul style="list-style-type: none"> <li>the vendor's name, address, and phone</li> <li>the employer's name as the recipient</li> <li>the goods or services to be purchased</li> </ul> Service invoices should reflect the <i>exact</i> dates of services with the following: <ul style="list-style-type: none"> <li>a cost per day (for indirect services)</li> <li>a cost per hour (for direct services)</li> </ul> NEW VENDORS must submit a W-9 with their invoice.
Reimbursements	<ul style="list-style-type: none"> <li>A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment.</li> <li>For cash purchases, please document that payment was made by cash.</li> <li>For purchases made by check, please provide a copy of the cancelled check or a copy of the bank statement showing the purchase. All other transaction info may be redacted.</li> <li>For purchases made by debit/credit card, please provide a copy of the credit card or bank statement showing the purchase. All other transaction info may be redacted.</li> </ul>
Unable to Process	<ul style="list-style-type: none"> <li>Reimbursements cannot be made directly to the employer or their support broker.</li> <li>An employer or their designated representative may not self-approve a payment.</li> </ul>

\*\*\*\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

SERVICE CODE/DESCRIPTION	GL Code	DATES OF SERVICE	AMOUNT DUE

NPP