



**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
	Self-Directed Services (SDS) Webpage	

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
TOTAL AMOUNT DUE FOR INVOICE		
EMPLOYER/DESIGNATED REP SIGNATURE:		
<p>BY SIGNING ABOVE, I CERTIFY THAT THE GOODS & 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.</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"> the vendor's name, address, and phone the employer's name as the recipient the goods or services to be purchased Service invoices should reflect the <i>exact</i> dates of services with the following: <ul style="list-style-type: none"> a cost per day (for indirect services) a cost per hour (for direct services) NEW VENDORS must submit a W-9 with their invoice.
Reimbursements	<ul style="list-style-type: none"> A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment. For cash purchases, please document that payment was made by cash. 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. 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.
Unable to Process	<ul style="list-style-type: none"> Reimbursements cannot be made directly to the employer or their support broker. An employer or their designated representative may not self-approve a payment.

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

SERVICE CODE/DESCRIPTION	GL Code	DATES OF SERVICE	AMOUNT DUE

NPP