



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

Please check if this is a CORRECTED form.

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Please refer to the Accounts Payable calendar for submittal due dates and processes.

Vendor Payment Request Submittal: [FMSVendor@thearcccr.org](mailto:FMSVendor@thearcccr.org)

Open a Customer Service Ticket: [thearcselfdirected.zendesk.com](https://thearcselfdirected.zendesk.com)

## Vendor Payment Request Form

<b>Please complete the information below and provide the required documentation in order to request a vendor payment for goods &amp; services as indicated in the approved person-centered plan and budget.</b>		
EMPLOYER NAME:	DEPT #:	
VENDOR/BUSINESS NAME:	Please check if this is a NEW vendor. Please review requirements below.	
VENDOR MAILING ADDRESS INCLUDING STREET/CITY/STATE/ZIP:		
VENDOR EMAIL ADDRESS:		
SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
<b>TOTAL AMOUNT DUE FOR INVOICE</b>		
EMPLOYER/AUTHORIZED REP SIGNATURE:		
<p>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.</p>		

## Documentation Required for Payment

PAYMENT TYPE	REQUIREMENTS/INFO
<b>PAYMENTS MADE DIRECTLY TO A VENDOR</b>	An invoice or quote with the following: <ul style="list-style-type: none"> <li>the vendor's name, address, phone, and email</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. A current W-9 can be found on the FMS webpage.
<b>REIMBURSEMENTS</b>	<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 canceled 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 receipt showing the purchase. All other transaction info may be redacted.</li> </ul>
<b>UNABLE TO PROCESS</b>	<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 authorized representative may not self-approve a payment.</li> </ul>