

## Requisition Invoice

**Participant Name:**

**PPL ID:**

\_\_\_\_\_  
(First name, Last name)

**Vendor or Independent Contractor (IC) Name:**

**PPL ID:**

\_\_\_\_\_  
(Vendor business name or IC First name, Last name)

**Vendor or IC Address:**

**Address:**

**Address 2 (APT.STE., etc.):**

**City:**

**State:**

**Zip Code:**

**Service or item details:**

**Requisition service category:** Individually-directed goods and services

**Select below who needs to be paid or reimbursed (choose one):**

☐ Vendor ☐ Participant / Employer

If this is a reimbursement, provide a receipt with this form. Your receipt must show the service was provided or the purchase was made.

If this Invoice is for a service, enter below:

- The Service Code for each provided service,
- The Service Name for each provided service, and
- The total cost for all services received.

SERVICE CODE:	SERVICE NAME:
<b>Total cost for all services received (include all taxes and fees): \$</b>	

If this Invoice is for goods, enter below:

- The Service Code for the goods received,
- The Service Name for each of the goods received, and
- The total cost for all goods received.

SERVICE CODE:	GOODS RECEIVED:
<b>Total cost for all goods received (include all taxes and fees): \$</b>	

**Agree and sign:**

I, the participant, agree:

- No payment will be made to the IC or agency until:
- The money has been added to my self-direction budget in Public Partnerships LLC web portal, and,
- The support coordinator has gotten the needed money to the right requisition services.

**Participant Signature:**

**Date:**

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**Participant Name (please print):**

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