



VENDOR PAYMENT FORM

Participant Name and PPL ID

First Name:
Last Name:
PPL ID:

Provider ID

Provider ID:

Shipping

Ship to the address below:

Address:
Address 2 (APT., STE., etc.):
City:
State:
Zip Code:

Participant Service Code

Service Code:

Goods Purchase (Only available through Amazon or Best Buy)

Vendor Name:

Item URL	Item Description	Item #	Quantity	Cost
			Tax	
			Shipping and Handling	
			Total	

Services Request			
Vendor Name:		Vendor Phone Number:	
Vendor Email:			
Address:		Address 2 (APT., STE., etc.):	
City:	State:	Zip Code:	
Service Code	Service Description	Amount	Date

See the Vendor Service Descriptions Sheet for details about Services.

Agree and Sign	
<p>I confirm:</p> <ul style="list-style-type: none"> The item(s) listed above must be approved on the spending plan. The Participant must have enough money in their budget for payment to be made. The details I have provided above are correct to the best of my knowledge. If any such details are incorrect or incomplete, this form will not be processed. It will be returned for correction. I have included a copy of any website item listing showing the price of the above goods(s). If the price of an item changes before PPL has processed the request, PPL may purchase the item at the new price. This must be within the amount authorized in the Participant’s spending plan. By entering my name below, I confirm that: <ul style="list-style-type: none"> This is an authorized purchase request, and Everything I have stated in this form is accurate and complete. 	
<p>Common Law Employer Signature:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Date:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

**Submit this form to Public Partnerships LLC using this email address:
PAODP@pplfirst.com.**