



ORDER PURCHASE REQUEST FORM

Purchase Request or a Reimbursement Request? (select one box below)

Purchase Request Reimbursement request for purchase(s) already made

Participant Details

First Name: **Last Name:** **PPL ID:**

The Medicaid Waiver for the Participant is (pick one):
 Community Pathways Community Supports Family Supports

Shipping or Pickup Address (if applies)

The address below is for (pick one):
 Shipping to the address below In-store pickup at the address below

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

City: **State:** **Zip Code:**

Goods Purchase

Vendor Name: **Vendor Phone Number:**

Vendor Website:

Goods Purchase

Service Code	Item Description	Date of Service	Quantity	Cost
			Tax	
			Shipping & Handling	
			TOTAL	

Along with this form, provide:

- A detailed receipt for purchases. The receipt should show:
 - Date of purchase, item purchased, total cost, and how you paid.
- Or, you can provide a credit card or bank statement showing the purchase. Make sure to remove or cover over any information not related to the purchase.

Services Request

Vendor Name:

Vendor Phone Number:

Vendor Email:

Address:

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

City:

State:

Zip Code:

Service Description

Amount

Date

Service Description	Amount	Date

Agree and Sign

I confirm:

- The item(s) listed above must be approved on the Person-Centered Plan. The Participant must have enough funds 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:
 - This is an authorized purchase request
 - Everything I have stated in this form is accurate and complete

Employer or Participant or Representative Signature:

Date: