

## Pennsylvania Office of Developmental Programs How to Submit a Purchase Request

**Follow these instructions to request approved items for the Participant for these service codes:** Participant Goods and Services: T5999, Specialized Supplies: W6089, Assistive Technology (non-medical): T2028 SE UD, Assistive Technology (medical): T2029 SE UD

### Submitting a Purchase Request:

- Purchase requests can be submitted one of two ways: emailed as an attachment to [paodp@pplfirst.com](mailto:paodp@pplfirst.com) or entered into MyAccount by the Common Law Employer (CLE) vendor. Emailed requests are processed within 3-5 business days.
  - **To submit in MyAccount** from the Participant profile, go to My Budget and Time Entries -> Purchase Requests -> Create Purchase Request -> Enter the vendor name, website address, vendor phone number, service code, item description, price, website address (URL) for the item, upload the PPL Purchase Request Form. Click Confirm.
- All submissions must include the PPL Purchase Request Form and an accompanying receipt or invoice from the business.
- A current and sufficient authorization must be in the PPL system.
- The CLE is responsible for the return of the item if not satisfied with the product.

**Go to [pplfirst.com](http://pplfirst.com) -> Programs -> Pennsylvania ODP to find the following helpful forms:**

Purchase Request Form

Invoice Payment Schedule



# Purchase Request Form

**Participant Information**

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

**Vendor Information**

**Vendor Name/PPL ID (if applicable):**

**Delivery Information**

Ship item to the address below. List email address for virtual subscription items:

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

**Service Information**

**Service Code:**

**Goods Purchase (include proof of item and price from the purchasing website)**

Item URL	Item Description	Item #	Quantity	Cost
			<b>Tax</b>	
			<b>Shipping and Handling</b>	
			<b>Total</b>	

**Agree and Sign**

I confirm:

- The item(s) listed above must be approved in 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:
  - This is an authorized purchase request, and
  - Everything I have stated in this form is accurate and complete.

**Common Law Employer Signature:**

**Date:**

**Submit this form and other documentation to Public Partnerships, LLC (PPL) using this email address: [PAODP@pplfirst.com](mailto:PAODP@pplfirst.com).**