

## Pennsylvania Office of Developmental Programs How to Submit a Vendor Payment

### Follow these instructions to complete vendor payment requests for the following services:

Participant Goods and Services: T5999, Family/Caregiver Training and Support (without participant): 90846 (SE/U1), Family/Caregiver Training and Support (with participant): 90847 (SE/U1), Vehicle Accessibility Adaptations: W7278, Home Accessibility Adaptations: W7279, Educational Services: W7284 (U1), Respite/Camp (24 hours): W7285 (U1), Respite/Camp (15 minutes): W7286 (U1)

### Vendor Enrollment Steps:

- The vendor must be enrolled in the PPL MyAccount system. Add them through the Participant profile in MyAccount (Go to My Providers -> Hire a Provider -> Add the vendor information)
- Vendor will receive a MyAccount activation email and must complete their profile, including signing a W-9 form.

### Submitting an Invoice:

- Invoices 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 vendor. Emailed invoices are processed within 3-5 business days.
  - **To submit in MyAccount** from the Vendor profile, go to My Invoices -> Create a New Invoice -> Search for the Individual -> Add New Line -> Enter the Service Date, Service Code, Suppliers Description, Destination, Reason, Receipt, Service Unit, and Rate (some answers may be "other" or "not applicable"). Click Submit. The Common Law Employer (CLE) will then approve or reject the invoice.
- All submissions must include the PPL Vendor Payment Form and an accompanying receipt or invoice from the business.
- The dates on the Vendor Payment Form must match the dates on the business' receipt/invoice. A current and sufficient authorization must be in the PPL system. PPL cannot pay invoices older than 180 days.
- The CLE is responsible for authorizing the payment. The CLE must either sign the paper form or approve the invoice in MyAccount after it's submitted by the vendor.

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

Vendor Payment Form  
Invoice Payment Schedule



# Vendor Payment Form

Participant Information			
<b>First Name:</b>	<b>Last Name:</b>	<b>PPL ID:</b>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Service Information			
<b>Service Code:</b>			
<input style="width:95%;" type="text"/>			
Services Request (attach copy of Vendor's Invoice or Receipt)			
<b>Vendor Name/PPL ID:</b>		<b>Vendor Phone Number:</b>	
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	
<b>Vendor Email:</b>			
<input style="width:95%;" type="text"/>			
<b>Address:</b>		<b>Address 2 (APT., STE., etc.):</b>	
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Service Code	Service Description	Amount	Date

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.
- 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 the invoice/receipt to Public Partnerships, LLC (PPL) as an attachment to: [PAODP@pplfirst.com](mailto:PAODP@pplfirst.com).