

## Payment Request Form Instructions

What is the purpose of this form?

The Payment Request Form allows Participants/Employers to request a payment for goods and services authorized in their Cash Management Plan (CMP).

How do I complete this form?

- Fill in the Participant’s Name, Participant’s ID, Vendor’s Name, the Vendor’s Address, City, State, and ZIP.
- Service Date: The date the good will be purchased or the service will be rendered.
- Service Code: Each authorized service on your CMP is assigned a Service Code.
- Item/Service: A brief description of the good or service.
- Units: The number of goods/services purchased.
- Unit Cost: The cost per good/service including all fees and taxes.
- The payment request form must be signed and dated by the Employer.

**PCG Public Partnerships** **Payment Request Form**  
 Public Focus. Proven Results.™ New Jersey PPP Program

Payer/Payee Details		
Participant Name:	Participant PPL ID:	
Vendor Name:	Vendor Phone:	
Vendor Address:		
Vendor City:	Vendor State:	Vendor ZIP:

**Remit Payment**

**Remit Payment:** All processed payments will have the vendor’s name on the check. By default, we will mail the payment to the address we have on file for the vendor. If this payment should be forwarded to the program participant’s address instead, please check the box below.

Please forward this payment to the Participant’s mailing address.

**IMPORTANT NOTE:** You must attach a copy of a voided receipt and/or vendor quote, per service line.

Service Date	Service Code	Item/Service	Units	Unit Cost

By signing this form, I attest that the goods and/or services that are expected to be delivered and received are authorized in the Cash Management Plan (CMP). Further, I attest to the authenticity of the voided receipt and/or merchant quote attached to this form.

Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ YOU MUST INCLUDE A VOIDED RECEIPT/QUOTE

➤ PUBLIC PARTNERSHIPS MUST HAVE A COPY OF THE VENDOR’S IRS FORM W-9 ON FILE, TO PROCESS PAYMENTS.

Public Partnerships LLC NJ DDS PPP – Payment Request Form Version 1.00

### Remitting Payment

All processed payments will have the vendor’s name on the check. By default, Public Partnerships will mail the check to the address we have on file for the vendor. If you would prefer the check be forwarded to the Participant’s address, please check the box in the Remit Payment section.

### Additional Documents

Public Partnerships will only process authorized payment requests that include a voided receipt or merchant quote. Since the goods and services have not been purchased yet, you must request a voided receipt or quote from the vendor. Voided receipts and quotes must include all fees and taxes.

Additionally, we must have the vendor’s IRS Form W-9 on file before we can process payments.

Payer/Payee Details		
Participant Name:	Participant PPL ID:	
Vendor Name:	Vendor Phone:	
Vendor Address:		
Vendor City:	Vendor State:	Vendor ZIP:

Remit Payment
<p>Remit Payment: All processed payments will have the vendor's name on the check. By default, we will mail the payment to the address we have on file for the vendor. If this payment should be forwarded to the program participant's address instead, please check the box below.</p> <p><input type="checkbox"/> Please forward this payment to the Participant's mailing address.</p>

**IMPORTANT NOTE:** You must attach a copy of a voided receipt and/or vendor quote, per service line.

Service Date	Service Code	Item/Service	Units	Unit Cost

By signing this form, I attest that the goods and/or services that are expected to be delivered and received are authorized in the Cash Management Plan (CMP). Further, I attest to the authenticity of the voided receipt and/or merchant quote attached to this form.

Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- YOU MUST INCLUDE A VOIDED RECEIPT/QUOTE
- PUBLIC PARTNERSHIPS MUST HAVE A COPY OF THE VENDOR'S IRS FORM W-9 ON FILE, TO PROCESS PAYMENTS.