



MA Participant Directed Program Invoice

<input type="checkbox"/> Check Here if this is a REIMBURSEMENT					<input type="checkbox"/> Check Here if this is a PAYMENT TO VENDOR					
Provider Name:					Provider ID Number:		E			
Provider Address:										
City, State, Zip:					*Tax ID Number:					
<input type="checkbox"/> Check Here to Remit to Address Listed Below					Participant First Name:					
Remit Address:					Participant Last Name:					
Remit City, State, Zip:					Participant ID Number:		X	X		

*A Tax Identification Number is required or the invoice cannot be processed. For an individual, the Tax Identification number is the social security number. For an Agency vendor, the Tax Identification number is the Federal Employer Identification Number (FEIN).

Invoice Guidelines

1. All invoices or payment requests must include receipts or a quote from the Vendor as back up documentation accompanying this form.
2. Enter the service code that matches the service authorized in the budget.
3. Enter the total amount (including taxes) that the check will be made out for. If you have more than one service code on the quote or price check receipt, distribute the taxes evenly among the service codes. NOTE! If the invoice exceeds certain dollar amounts, you must receive DDS approval prior to purchase.

Item	Service Date (MM/DD/YY)	Service Code	\$ Amount	Quantity
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Code	Services	Code	Services	Code	Services
5283	Assistive Technology	5300G	Medical Services	5400C	Community (Recreational) Activities
5284	Transitional Services	5300H	Medical Supplies	5400D	Clothing Stipend
5728	Individual Goods and Services	5300 J	Moving Costs	5400E	Food (Non-Recreational) Stipend
5731	Home Modifications/ Adaptations	5300M	Transportation Unique	5400F	First and Security Deposit for Housing
5734	Vehicle Modification	5300P	Education and Training Institutions	5400G	Prescription Co-Pay
5756	Specialized Medical Equipment and Supplies	5300R	Community Food Purchases	5400H	Rent
5300A	Adult Education Classes	5300T	Participant Employer Expenses	5400I	Utilities - Natural Gas, Electric, Heat Fuel
5300D	Furniture - non-start-up	5400B	Household services	5400K	Utilities - Phone & Cable

Participant or Responsible Party Signature _____ Printed Name _____ Date _____

Please fax, mail or scan Program Invoice Request with copy of receipts, price quote or price check to your local Department of Developmental Services (DDS) Area Office. DDS reviews and approves all invoices for PPL payment processing

DDS Staff Name: _____ DDS Staff Signature: _____

Note: Invoices sent directly to PPL will be forwarded to DDS and can result in delay of payment.