

REQUISITION INVOICE

PARTICIPANT INFORMATION

First name: _____	Participant PPL ID #: _____
Last name: _____	

VENDOR/INDEPENDENT CONTRACTOR INFORMATION

Name: _____	PPL ID# (if known): E _____
Address: _____	Phone number: _____
City, State, & Zip: _____	

SERVICE/ITEM INFORMATION

Requisition Service Category: <input type="checkbox"/> Individually Directed Goods & Services	
If Service, List Service Provided: _____	
Total cost (including all applicable taxes and fees): <table border="1" style="display: inline-table;"><tr><td>\$. _____</td></tr></table>	\$. _____
\$. _____	
PARTICIPANT ACKNOWLEDGEMENT I acknowledge that no checks will be cut to the Independent Contractor or Agency until the funds have been added to my self-direction budget in PPL's Web Portal and the Support Coordinator has allocated funds to the appropriate requisition service.	
Participant Signature: _____	Date: ____ / ____ / ____

Send to Administrative fax: (866) 461-0195

Or Email to: PPLGADDD@pcgus.com