



# VENDOR PAYMENT REQUEST FORM

**Mail/Drop Off:** 7951 E. Maplewood, Suite 125  
Greenwood Village, CO 80111

**Email:**  
CDCOTimesheets@consumerdirectcare.com

**Fax:** 1-888-924-9072

**Have Questions? Phone:** 1-844-381-4433

Requests for Vendor Payments received by Consumer Direct Care Network (CDCN) before 5:00 pm Monday are normally processed for payment by the end of the same week.

**For Internal Use Only**

<input type="checkbox"/> Participant Name & ID	<input type="checkbox"/> W-9*
<input type="checkbox"/> Vendor Name & Address	<input type="checkbox"/> Agreement*
<input type="checkbox"/> Serv. Code Matches Auth	<input type="checkbox"/> Amount approved
<input type="checkbox"/> Item/Service Authorized	<input type="checkbox"/> Funds available

\* if needed

- CDCN must have authorization from the payer (State, MCO, or County) to process payment for all goods and services.
- The goods or services must be listed on the Participant's approved budget.
- All receipts and/or invoices must be included with this Vendor Payment Request Form to ensure proper processing.
- The Employer is responsible for allowing adequate processing time for payments to be made by due dates.
- An incorrect or incomplete form may be returned for correction, which will result in delay of payment.

<b>Name of Veteran Receiving Services</b>	<b>CDCN Participant/Employer ID #</b>

<b>Make check payable to</b>	<b>NEW Address – <u>Must</u> check here</b> <input type="checkbox"/>
Vendor Name	Indicate <b>NEW</b> address below
Address	
City/State/Zip	

A vendor providing service(s) **must** submit a new W-9 if changing address.

Date of Invoice (mm/dd/yy)	Service Code	Description of Service	Quantity (Units)	Rate per Unit	Total Dollar Amount
<b>Total Check Amount</b>					

**\*Please attach a copy of the voided receipt, agency invoice, or signed bid/estimate.\***

I approve CDCN to issue payment directly to the above-named Vendor for the services/goods listed above. I certify that the above Vendor provided services in accordance with the plan. Falsification of this Vendor Payment Request is considered Fraud and may result in dismissal from the program and/or criminal prosecution.

\_\_\_\_\_  
Veteran/Employer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

