



VENDOR PAYMENT REQUEST FORM

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

Email:
CDCOTimesheets@consumerdirectcare.com

Fax: 1-866-924-9072

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.

Name of Veteran Receiving Services	CDCN Participant/Employer ID #

Make check payable to	NEW Address – <u>Must</u> check here <input type="checkbox"/>
Vendor Name	Indicate NEW 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
Total Check Amount					

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)

