State of Kansas Department for Children and Families Prevention and Protection Services	**PPS CLIENT PURCHASE AGREEMENT** **Payment Request and Authorization**	PPS 2833 Created July 2015 Page 1

Date: _____ PPS Worker: _____ Fax: _____

Region: Co: e-mail: @ks.gov Program: (choose one)

Client Information

Client Name: _____ Client ID#: _____ KAECSES/KANPAY Case #: _____

Street Address: City, ST Zip:

For Payment Processing *For Provider Agreements:* Vendor's Invoice#: Final or One-Time Payment ☐

Notes: For Imprest: (choose acct)

Address #: Location #: Processed Date: Wrkrs Intls:

Speedchart: ISD Account: INF45: Amount: $

SMART Voucher #: Warrant #: SMART Processed Date: Fiscal Wrkrs Initials:

Payee (Provider) Information

(not needed for Imprest or SinglePay)

Payee's Name: _____ SMART Vendor ID: _____

Street Address: _____

City, ST Zip:

For Services with or without a Provider Agreement…

I agree to the following: to provide services that are consistent with my Provider Agreement (where applicable); to maintain records to demonstrate costs; to submit invoices to the case worker listed above within the first 10 days of each month after services are provided; and to provide 10 working days' notice if need exists to terminate this agreement early.

Signature of Service Provider or Authorized Designee: Date:

Purchase Request

Describe item/service to be purchased & why: _____

Dates of Service from: _____ to: _____ ☐ Provider Agreement (PA) Involved

Total Units Authorized: (choose a unit) Cost per Unit: $ Total[1]: $

☐ Include mileage reimbursement (for PAs only)… Approx Miles: x $0. /mile Total[2]: + $

Progress Reports Due (for PAs only): Not to Exceed: $

Payment Method: (choose one)

☐ P-Card

☐ Purchase Amount Known - Check mailed to Vendor now– invoice attached

☐ Payment Later - Check mailed to Vendor later after receipt/invoice received

☐ Imprest ☐ SINGLE_PAY staff reimbursement for client purchase

Agency Authorization/Approval

DCF agrees to the following: to issue payment within 30 days of receiving a receipt or invoice for item(s) specified herein; to discuss with provider any change in client's or agency's status/plan; and to provide 10 working days' notice if need exists to terminate this agreement early.

Signature of PPS Worker: _____ Date:

Signature of Agency Approval: Date:


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