

Date: \_\_\_\_\_ PPS Worker: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Region: \_\_\_\_\_ Co: \_\_\_\_\_ e-mail: \_\_\_\_\_@ks.gov Program: (choose one)

<b>Client Information</b>		
Client Name: _____	Client ID#: _____	KAECSSES/KANPAY Case #: _____
Street Address: _____		City, ST Zip: _____

<b>For Payment Processing</b>	<i>For Provider Agreements:</i> Vendor's Invoice#: _____	Final or One-Time Payment <input type="checkbox"/>
Notes: _____	For Imprest: (choose acct)	
Address #: _____	Location #: _____	Processed Date: _____
Speedchart: ISD _____	Account: _____	Wrkrs Intls: _____
SMART Voucher #: _____	Warrant #: _____	SMART Processed Date: _____
	Fiscal Wrkrs Initials: _____	

<b>Payee (Provider) Information</b>	
Payee's Name: _____	(not needed for Imprest or SinglePay)
Street Address: _____	SMART Vendor ID: _____
City, ST Zip: _____	

<b>For Services with or without a Provider Agreement...</b>	
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: _____

<b>Purchase Request</b>			
Describe item/service to be purchased & why: _____			
Dates of Service from: _____	to: _____	<input type="checkbox"/> Provider Agreement (PA) Involved	
Total Units Authorized: _____	(choose a unit)	Cost per Unit: \$ _____	Total <sup>1</sup> : \$ _____
<input type="checkbox"/> Include mileage reimbursement (for PAs only)...		Approx Miles: _____	x \$0. _____ /mile Total <sup>2</sup> : + \$ _____
Progress Reports Due (for PAs only): _____		Not to Exceed: \$ _____	
Payment Method: (choose one)			
<input type="checkbox"/> P-Card			
<input type="checkbox"/> Purchase Amount Known - Check mailed to Vendor now– invoice attached			
<input type="checkbox"/> Payment Later - Check mailed to Vendor later after receipt/invoice received			
<input type="checkbox"/> Imprest			
<input type="checkbox"/> SINGLE_PAY staff reimbursement for client purchase			

<b>Agency Authorization/Approval</b>	
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: _____

