



Request for Payment

For use in NJ Division of Developmental Disabilities Fiscal/Employer Agent Model of Self-Direction, administered by Public Partnerships LLC

Invoice Date:	PO Number (if applicable):	Payee type: <input type="checkbox"/> Vendor <input type="checkbox"/> SDE
Individual Name:	Individual DDD ID:	
Vendor/SDE Name:	Vendor FEIN/SDE PPL ID:	
Vendor/SDE Phone:	Vendor/SDE Email:	

Payments are issued to the vendor/self-directed employee (SDE) only. Payment checks are mailed to the vendor/SDE's address on file unless a different address is requested. To request to have the payment check for this invoice only mailed to a different address, check the box below and identify the name and address where the check will be mailed:

Mail vendor/SDE payment check to (name): _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Date of Service (mm/dd/yy)	Start Time (am/pm)	End Time (am/pm)	Procedure Code	Plan Number	Outcome Number	Service Number	Number of Units Rendered (whole #s Only)	x Unit Rate	= Total Per Line
									\$
									\$
									\$
									\$
									\$

FOR PAYMENT TO BE ISSUED:

Total Payment Requested:	\$
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- **Copy of vendor quote/invoice or vendor/SDE receipt MUST be included with this form, and billed amount(s) must match invoice/receipt amount(s).**
- **Copy of the vendor's IRS Form W-9 must be on file with Public Partnerships LLC (PPL). This does not apply to SDEs.**

I certify that the representations made on this Request for Payment are true, accurate and correct, and that if any statements are willfully false, I may be subject to punishment, including suspension, debarment, or disqualification from participating as a vendor in state or federal programs, as well as criminal sanctions, as may be applicable. I understand that payment will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Vendor Representative or Self-Directed Employee	Individual, Employer of Record, or Authorized Representative for the Individual Receiving Services
Name:	Name:
Signature:	Signature:
Date:	Date:



Submit Request for Payment to Public Partnerships by email: njddd@pcgus.com or by fax: 1-844-561-5978
For faster processing, please fax/email only one invoice and receipt combo per fax/file attachment.

Questions? Call Public Partnerships Customer Service at 1-844-842-5891