Parents Reaching Out
Your One Stop Resource for a Stronger Family

Request for Vendor Payment

Parents Reaching Out Fiscal Intermediary

Medical Fragile waiver SME

Note: Payment will only be made for items listed and authorized on both the written MAD 046 and the Parents Reaching Out budget forms. **THIS FORM IS DESIGNED TO ONLY GENERATE ONE CHECK TO ONE PAYEE. * You may include multiple** quotes on one form as long as they are for the same vendor.

Clients Name:	Clients #.:
	Medicaid #:
Parents/Guardians Name:	Date:

Payment Check

Make check Payable to: (Vendor Name)	**Shipping Information:**
Vendor Address:	**Address:**
City State, Zip:	**City State, Zip:**
Notes/special requests	

Quote Information

Quote Date	Item #	Item Description	Total $ amount on Receipt

* No checks will be cut with out a copy of quotes for ALL Purchases.

_____ _____

Individual, or Guardian's Signature Date

_____

Date and Time Faxed or Mailed

Parents Reaching Out
Attn: Fiscal Services
1920 B Columbia Dr. SE
Albuquerque, NM 87106
Fax: 1-505-346-3934
1-866-774--3165