CONSUMER DIRECT

IDAHO Fiscal Employer Agent
REQUEST FOR VENDOR PAYMENT

Mail or Drop Off	Requests for Vendor Payments that are received by Consumer Direct before 5:00 pm every Tuesday will ordinarily be paid on the following Monday.	Send via Toll Free Fax
Consumer Direct **280 E. Corporate Dr., Suite 210** **Meridian, ID 83642-2953**		**1-877-898-0417**

Participant Name	Participant ID #

Please check if vendor is: ☐ Agency ☐ Independent contractor
☐ Other business, professional or service provider

Make check payable to:
Vendor Name
Address
City/State/Zip

Date of Invoice (mm/dd/yy)	**Service Category Code**	**Description of Service**	**Amount**
		Total Check Amount	

Please attach a copy of the voided receipt, agency invoice or signed bid/estimate.

- ► All requests must be submitted by Tuesday at 5 pm, for payment to be issued on the following Monday. **Payments received after Tuesday at 5 pm will be processed and paid a week from the following Monday**.
- ► All receipts must include this Request for Vendor Payment form to ensure proper processing.
- ► Check will always be made out to vendor and mailed to Participant.
- ► It is the Participant's responsibility to ensure the Vendor receives payment by the required due date.

_____ _____/____/_____
Participant Signature Date

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