

PURCHASE/REIMBURSEMENT REQUEST FORM (PRF) PAPER PROCESS

- 1. Complete a purchase request form for an **approved** good or service. You can obtain this form from your care consultant or from ACES\$.
 - Every time you wish to make a purchase or receive a reimbursement you must complete and submit a Purchase Request Form.
- 2. Each PRF must be accompanied by a receipt, invoice, or shopping cart printout.
- 3. Mail, email, or fax your PRF to one of the addresses listed on the attached page.
- 4. If your PRF is submitted and **approved** by 5 PM on Tuesday, then checks will be released that same Friday.
- 5. If ACES\$ mails you a vendor check, you must submit a receipt to ACES\$ within 30 days of receiving that vendor check. After that 30 days, you will not be able to use this payment method until a receipt has been produced.



Participant Purchase/ Reimbursement Request Form

Reimbursement Re				Request For
Participant Name: Glenda	Goods	Goods Designated Representative Name: (First, Last)		
Participant ID: W512	Vendor Name:	JOE'S GOODS		Vendor ID: 37
Vendor Address: 555 MAIN A	VE		SEATTLE	WA 98106
Street Address		Suite	City	State Zip Code
Participant Phone Number: 55	55-555-5555 D e	esignated Represe	entative Phone Num	ber:
OOD/SERVICE DETAILS				
Allocation ID:		Date Valid From:	12/1/2017 To : 1	1/30/2018
Type of Request:				
X Purchase (mai	l check to <u>Participa</u>	nt)		
Purchase (mai	I check to Vendor)			
Online Purcha	se (ACES\$ makes p	urchase on behalf	of Participant)	
Reimburseme	nt			
If Reim	bursement, Date o	f Purchase:		
All requests must have a copy	of a receipt, invoice	e or online shoppi	ng cart print out.	
NLINE PURCHASE REQUEST DETA	AII.			
ACES\$ to purchase item onl		endor using inforr	nation below.	
Please include a print-out o	f the online shoppi	ng cart with the it	tem details.	
Item Name, Brand and Des	cription:			
Vendor Website Address:				
URCHASE FREQUENCY	<u></u>	1		
Request For: One Time		Cyclical		
If Cyclical	, Frequency of Puro	chase:		
	Weekly	Monthly	Semi-Monthly	Other:
GOOD/SERVICE				
Good/Service Type:				
Treatment and Health Environmental and Ve			vidual Goods, Servic	
Environmental and ve	micie wountcations	Irali	ning and Educationa	Supports
Item/Service: Hygiene/Sanita	ry Supplies			
Item Total (including tax)	\$ 150.00			
My signature certifies that I receiv understand that payment for this s	e goods and service	s as part of my pla	n and that the item red	quested is authorized. I
statements, or documents, or con-				



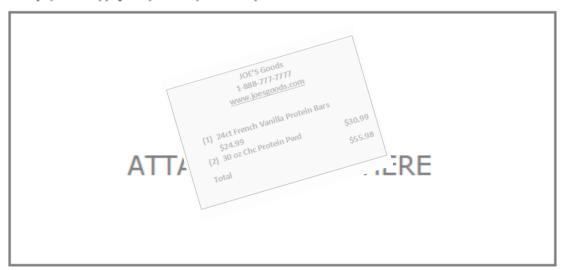
Purchase/Reimbursement Request (PRF) RETURN RECEIPT FORM

Participant Instructions:

When using an ACES\$ vendor check to purchase authorized goods/services at a store you <u>MUST</u> keep the receipt for your purchase and submit the receipt back to ACES\$ within 30 days of purchase. Failure to submit the receipt may result in losing your ability to make further purchases with vendor checks.

Participant Name: Glenda Goods Participant ID: W512 (First, Last) Participant Phone Number: 555-555-5555						
raticipant Fibric Humber.						
Vendor Name:	Joe's Goods					
Allocation ID:	Protein Supplements					
(From PRF Form if known. If unknown, include description of item.)						
Vendor Check #:		Check date:				
(Enter check number and date of the ACES\$ check used to purchase the authorized goods/services.)						

Receipt (Attach copy of receipt in the space below.)



Mail or Fax Completed Forms To:

400 Union Ave. SE * Suite 200 Olympia, WA 98501

Toll Free Fax number: 1 (800) 416-1649 Questions? Toll Free Customer Service: 1 (888) 224-0115 Please mail, email, or fax your purchase request form to the following addresses:

Mail:

Jack Grady 400 Union Avenue SE Suite 204 Olympia, WA 98501

Email:

GoodServiceWA@mycil.org

Fax:

1(800)416-1649

All requests must have a copy of a receipt, invoice or online shopping cart print out.