



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

Participant Name: Designated Representative Name:
(First, Last) (First, Last)

Participant ID: Vendor Name: Vendor ID:

Vendor Address:
Street Address Suite City State Zip Code

Participant Phone Number: Designated Representative Phone Number:

GOOD/SERVICE DETAILS

Allocation ID: Date Valid From: To:

Type of Request:

- Purchase (mail check to Participant)
- Purchase (mail check to Vendor)
- Online Purchase (ACES\$ makes purchase on behalf of Participant)
- Reimbursement

If Reimbursement, Date of Purchase:

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

ONLINE PURCHASE REQUEST DETAIL

ACES\$ to purchase item online directly from Vendor using information below.
Please include a print-out of the online shopping cart with the item details.

Item Name, Brand and Description:

Vendor Website Address:

PURCHASE FREQUENCY

Request For: One Time Purchase Cyclical

If Cyclical, Frequency of Purchase:

Weekly Monthly Semi-Monthly Other:

GOOD/SERVICE

Good/Service Type:

- Treatment and Health Maintenance
- Individual Goods, Services, and Supports
- Environmental and Vehicle Modifications
- Training and Educational Supports

Item/Service:

Item Total (including tax): \$

My signature certifies that I receive goods and services as part of my plan and that the item requested is authorized. I understand that payment for this service or item will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of material facts may be prosecuted under applicable Federal and State laws.

Participant/Designated Representative Signature: Glenda Goods

Date:



Purchase/Reimbursement Request (PRF) RETURN RECEIPT FORM

Participant Instructions:

When using an ACES\$ vendor check to purchase authorized goods/services at a store you **MUST** 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: Participant ID:
(First, Last)
Participant Phone Number:
Vendor Name:
Allocation ID:
(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.