Goods & Services Payment Request Form

Date: _____

Veteran's Name: _____   Tempus Consumer #: _____

Spending Plan

Item is listed on current spending plan approved by VDC Coordinator

Amended Spending Plan attached with items added and approved by VDC Coordinator

NOTE: If this section is not complete, request form will be returned

Goods & Services Information

Item/Service: _____

Cost per item: _____

Number of items: _____

One time G&S   Deliver every month   Deliver every: _____ months

Routine Planned Goods and Services: This is a monthly re-occurring subscription with auto-delivery to the Veterans home. Complete *Tempus Direct Order* information **below**

Item/Service: _____

Cost per item: _____

Number of items: _____

One time G&S   Deliver every month   Deliver every: _____ months

Routine Planned Goods and Services: This is a monthly re-occurring subscription with auto-delivery to the Veterans home. Complete *Tempus Direct Order* information **below**

Item/Service: _____

Cost per item: _____

Number of items: _____

One time G&S   Deliver every month   Deliver every: _____ months

Routine Planned Goods and Services: This is a monthly re-occurring subscription with auto-delivery to the Veterans home. Complete *Tempus Direct Order* information **below**

Payment Information

Tempus Direct Order:

Website: Amazon   Carewell   Other: _____

Item identification (item #, product name, etc):

Screenshot attached

Shipping Information:

Name: _____

Address: _____

Phone: _____

Vendor Agency:

Agency: _____

Address: _____

Phone: _____

W-9 on file with Tempus   Itemized invoice attached

Veteran Reimbursement:

Name: _____

Address: _____

Phone: _____

Itemized invoice attached

_____   _____

ADNA Case Manager Signature   *Date*