

# VDC 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

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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

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## 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

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**Veteran Reimbursement:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Itemized invoice attached

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\_\_\_\_\_  
**ADNA Case Manager Signature**

\_\_\_\_\_  
**Date**