MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

REQUEST FOR PAYMENT (blank Indirect Rate form)

ENTITY USE		
ENTITY NAME AS SHOWN IN STATE ACCOUNTING SYSTEM		INVOICE NUMBER
ENTITY REMIT TO ADDRESS AS SHOWN IN STATE ACCOUNTING SYSTEM		
ENTITY IDENTIFICATION NUMBER (FEIN, MissouriBUYS NUMBER)		BILLING PERIOD
CONTRACT NAME / SERVICE	CONTRACT NUMBER	AMOUNT REQUESTED

BUDGET CATEGORIES - DETAILED DESCRIPTIONS REQUIRED				AMOUNT
PERSONNEL / SALARIES / FRINGE				
	Hours Worked	Payrate	Fringe	
Total				
SUPPLIES				
TRAVEL (PURPOSE OF TRAVEL)				
OTHER				
CONTRACTUAL				
Please see broken down itemized attachments for additional documentation. List of Contractual payments (Gray shaded includes contract payments included in Indirect calculation)				
Total				
INDIRECT				
Total Direct Allowable				
Indirect rate as a decimal				
MODIFIED TOTAL DIRECT COST (MTDC) EXCLUSIONS				
Total				
Total Amount Requested				

COMMENTS

I hereby certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

AUTHORIZED SIGNATURE	TITLE	DATE

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Instructions for Request for Payment Form

Entity Use Section: This section to be completed by vendor.

- **Entity Name:** Enter the vendor's name. This ***must match*** the name on the contract.
- **Invoice Number:** Enter the invoice number, as outlined in the contract.
- **Entity Remit to Address:** Enter the vendor's remit to address. This ***must match*** the vendor record in the Statewide Accounting System.
- **Entity Identi ication Number:** Enter the number associated with the vendor in the Statewide Accounting System, typically the vendors Federal Employer Identification Number (FEIN) or MissouriBUYS number.
- **Billing Period:** Enter the period covered by this invoice.
- **Contract Name/Service:** Enter the name of the contract or service provided.
- **Contract Number:** Enter the contract for the provided services.
- **Amount Requested:** Enter the total amount being requested on this invoice.

Budget Categories Section: This section to be completed by vendor.

- **Detailed descriptions are REQUIRED in all fields in this section.**
  - **Personnel/Salaries:** Enter the personnel/salaries amount requested on this invoice.
  - **Fringe:** Enter the fringe benefits amount requested on this invoice.
  - **Indirect:** Enter the indirect amount requested on this invoice
  - **Supplies:** Enter the supplies amount requested on this invoice.
  - **Travel:** Enter the travel amount requested on this invoice.
  - **Other:** Enter the other amount requested on this invoice.
  - **Contractual:** Enter the contractual amount requested on this invoice.
  - **Equipment:** Enter the equipment amount requested on this invoice.
- **Total Amount Requested:** *Form calculates* from totals entered in the "Amount" column in the Budget Categories requested on this invoice.
- **Comments:** Enter any notes/comments about each budget category line.
- **Authorized Signature:** This is the signature of the person authorized by the vendor to certify the invoice in correct, true and claims are following contract compliance.
  - *To sign* go to "Tools" and use the "Fill & Sign" feature, which allows you to create a signature or sign with Text.
- **Title:** Enter the title of the person who signed the invoice.
- **Date:** Enter the date of the invoice certification signature.