MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

REQUEST FOR PAYMENT - MATERNAL CHILD HEALTH (MCH) SERVICES

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 MCH Services	CONTRACT NUMBER	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

A complete MCH Services contract invoicing tool for the billing period detailing the payment request amount must be submitted with this request. Failure to include that as an attachment will result in the request being returned to the submitter.

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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 Identification 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, which must match the total shown on the corresponding Attachment E - Service Coordination Contract Cost Detail Report.
- **Comments:** Enter any notes/comments related to the payment request.
- **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.