**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# HCA SUPPORT SERVICES REQUEST FORM

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### SECTION A: REQUEST

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Name: | | |  | | | SSN(1st 5): |  |
| Amount of Support Service Requested: | | | | $ |  | for (describe goods and/or | |
| services): | |  | | | | | |
| Date: |  | | | | | | |
|  | | | | | | | |

**SECTION B: RECOMMENDATION:**

[ ] I recommend payment [ ] I do not recommend payment if payment is recommended, list the vendor name(s) and the amount(s) recommended below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vendor(s): |  | Amount(s): | $ |  |
|  |  |  |  |  |
|  |  |  |  |  |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Forward to Authorizing Staff*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: AUTHORIZATION**

[ ] Full payment authorized.

[ ] Only $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorized.

[ ] Payment not authorized.

Authorizing Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Forward to Billing Department*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D: BILLING DEPARTMENT**

Maximum Amount Allowed $\_\_\_\_\_\_\_\_\_ Charge to Contract No: \_\_\_\_\_\_\_\_\_

(-) Less Amount Previously Issued $\_\_\_\_\_\_\_\_\_ Check/Voucher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(-) Less Individual Bus Tickets $\_\_\_\_\_\_\_\_\_

(-) Less Amount Issued This Time $\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(=) Equals Balance Available $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E: PARTICIPANT CERTIFICATION**

I certify that check/voucher number \_\_\_\_\_\_\_\_\_\_ for $\_\_\_\_\_\_\_ has been issued on my behalf and that I have no other resources upon which to draw to pay for this/these item/s.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_