

Purchase Request Form

PICS offers purchasing of items approved in the Participant's Support Plan. Submit completed form to:

Email: (Service Coordinator) *or* sc@picsmn.org

Fax: 651-967-5061

Mail: 1605 Eustis Street, St. Paul, MN 55108

Please Note:

- Item(s) must be authorized in approved CSP with active service authorization.
- Adequate funding must be available.
- Allow five business days for order placement from receipt of signed form.
- Delivery is subject to item availability and vendor processing.
- Returns and refunds must be facilitated by PICS and reapplied to the budget.
- No purchases will be made the last 30 days of the service authorization.

Participant Name:

Today's Date:

Vendor (one vendor per form)
Name:
Street Address:
City, State, Zip:
Phone:
Website:

Ship to (Participant or Representative)
Name:
Street Address:
City, State, Zip:
Phone:
Notes:

Provide requested item information below or attach list to this signed form.				
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Item #	Description	Quantity	Unit Price	Total
Total				
				\$

Other Comments or Special Instructions

Participant or Representative Signature

Date