



## Direct Payment to Vendor Authorization

I \_\_\_\_\_ would like for PACE to provide direct payment to a vendor for goods or services for my student(s).

Student(s): \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

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

Business license number: \_\_\_\_\_ Please provide a copy of your business license and/or a copy of your W-9 form.

### To be filled out before obtaining Vendor Signature:

Lesson Fee: \_\_\_\_\_ Number of Lessons: \_\_\_\_\_ Total: \_\_\_\_\_

Allotment amount to be encumbered \_\_\_\_\_ and guaranteed to vendor in \_\_\_\_\_ installments **after** services are rendered.

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### The parent understands that:

- Under PACE policy, direct payment to vendors is only authorized to vendors with a business license and/or a W-9 on file.
- Payment will be remitted by PACE to the vendor **only if** all PACE guidelines and requirements are being met at the time each invoice is received.
- It is the sole responsibility of the parent to inform the vendor if payments are being held by PACE for any reason.
- It is the sole responsibility of the parent to remit the balance for any goods or services should PACE decide not to provide payment for any reason.
- It is the sole responsibility of the parent to remit the balance for any goods or services should the family be withdrawn from PACE due to inactivity or they exceed their allotment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### The vendor understands and agrees that:

- Under PACE policy, every effort should be made to design a payment plan wherein payment to a vendor is made for services **rendered**.
- Payment will not be made to vendor if all PACE guidelines and requirements have not been met by the PACE student/parent. These requirements include quarterly grades, semester work samples and other required forms.
- It is the sole responsibility of the parent to remit the balance for any goods or services should PACE decide not to provide payment for any reason.

Vendor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Request is:  APPROVED  DENIED

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