

PAYMENT REQUEST

Michigan Department of Health and Human Services

DOCUMENT INFORMATION (For MDHHS Accounting Use Only)

Code	Unit	ID	Pre-Audit By	Entered By	Approved By
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DOCUMENT INFORMATION

Case Name

HEADER INFORMATION

Document Description COVID Prevention and Reunification Eligible Specific Assistance Reimbursement		
Extended Description (if applicable) Per Communication Issuance 20-080		
Print/Type Name of Case Worker 	Signature of Case Worker	Date
Print//Type Name of Supervisor 	Signature of Supervisor	Date

VENDOR INFORMATION

Vendor/Customer Code		Vendor/Customer Name		Address Code	
Vendor/Customer Address Line 1			Vendor/Customer Address Line 2		
City	State	Zip Code	Single Payment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Central Office Print <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

COMMODITY INFORMATION

Commodity	CS-138
1.	
2.	

ACCOUNTING INFORMATION

Invoice Number	Check Description COVID 19 Specific Assistance Reimbursement				
BFY	Accounting Template	Unit	Dept. Object	Dept. Revenue	Line Amount 
1. 20	491XX1302	3JG			
2.					
3.					
4.					

0.00

Email Contact rostonin@michigan.gov		
Print/Type Name of MDHHS Employee	Signature of MDHHS Employee	Date
Print/Type Name of MDHHS PAL Nancy Rostoni	Signature of MDHHS PAL	Date

Instructions for Completion of the MDHHS-5602

Incomplete or improperly completed forms may be returned to the preparer for completion. This form is to be completed internally by an employee of the State of Michigan MDHHS. Authorized signer is stating they have reviewed entire document and approve. No change may be made once this has been signed.

DOCUMENT INFORMATION – To be completed by the preparer (if client related).

Case Name: Case name from the appropriate system (i.e., Bridges).

HEADER INFORMATION – To be completed by the preparer.

Document Description: Reason for the payment request.

Extended Description (if applicable): Additional information needed for the payment request.

Name/Signature of Case Worker – applicable only if client-based payment

Name/Signature of Supervisor – applicable only if client-based payment

VENDOR INFORMATION – To be completed by the preparer (all information obtained from SIGMA VCUST).

Vendor/Customer Code: SIGMA vendor number used to make payment (this is not a FEIN)

Vendor/Customer Name: Legal name of vendor where payment should be sent.*

Address Code: Number associated with the address where the payment is to be sent.*

Vendor/Customer Address Line 1: Address where the payment is to be sent.*

Vendor/Customer/Grantee Address Line 2: Additional information regarding the address.*

City: City where the payment is to be sent.*

State: State where the payment is to be sent.*

Zip Code: Zip Code where the payment is to be sent.*

*Note: Address must match remit to address on documentation attached.

Single Payment (Y/N): If this payment needs to be paid as standalone to the vendor mark yes. This payment will not be consolidated with other payments disbursed on the same day to the vendor.

Central Office Print (Y/N): Payment request to produce check printed in central office and distributed to requestor.

COMMODITY INFORMATION – To be completed by the preparer (if applicable).

Commodity Code: May be found in SIGMA Commodity Table (COMM).

CS-138: May be found in SIGMA CS-138 table.

ACCOUNTING INFORMATION – To be completed by the preparer.

Invoice Number: Number used to identify payment to the vendor (if none, leave blank).

Check Description: Information to be printed on the remittance advice to allow vendor to identify.

BFY: Budget Fiscal Year to be used on payment.

Accounting Template: Enter code that needs to be used to allocate the funds properly for payment

Unit: Identifies the MDHHS area charged for the expenditure.

Dept Object: Leave this blank – completed by central office Accounts Payable.

Dept Revenue: Coding used on revenue refunds.

Line Amount: Enter for each amount distributed between accounting templates

Contact email: Enter who should be contacted for questions from accounting.

Name of MDHHS Employee: Individual preparing the document (must print and sign).

MDHHS PAL: Person Authorized by MDHHS to sign for that amount and location of services -final approval for payment to be made (must print and sign).

Questions regarding this form can be emailed to invoicemdhs@michigan.gov.