Lori Knapp CHOICE™
Part of the AssuranceSD Family

PARTICIPANT CHECK REQUEST

Participant Name: _____ Participant Phone Number: _____

Pay to:
Vendor Name: _____ Vendor Phone Number: _____

Vendor Address: _____ _____ _____ _____
Address City State Zip

Services and supplies may only be paid up to the authorized amount.

Description of Purchases or Services: _____

Dates of Service or Purchases (If applicable, please send receipts for purchases):

_____ $_____ Date Amount	_____ $_____ Date Amount
_____ $_____ Date Amount	_____ $_____ Date Amount
_____ $_____ Date Amount	_____ $_____ Date Amount
_____ $_____ Date Amount	_____ $_____ Date Amount
_____ $_____ Date Amount	_____ $_____ Date Amount
_____ $_____ Date Amount	_____ $_____ Date Amount
_____ $_____ Date Amount	_____ $_____ Date Amount
_____ $_____ Date Amount	_____ $_____ Date Amount

# of Units: _____ Unit Rate: $_____ Total: $_____

Approved: _____ Date: _____
Participant Signature

Approved: _____ Date: _____
Vendor Signature

PLEASE CHOOSE YOUR FUNDING SOURCE: [SELECT ONE]

If completing a printed check request, write in your correct Funding Source/County Name.

It is your responsibility to verify that your completed and accurate check request has been received by Lori Knapp Choice™ once you submit via mail, fax, or email. Please call us to verify your timesheet(s) has been received. For any questions or concerns, please contact our office at: 608.326.0434.

Submit Request to Lori Knapp Choice™	**Mail**	**Email**	**Fax**
	106 S Beaumont Rd Prairie du Chien, WI 53821	payroll@LoriKnappChoice.com	844.634.7225