



OREGON VETERAN DIRECTED CARE REIMBURSEMENT CHECK REQUEST

Instructions: Please complete the form below and attach **back-up documentation and receipt(s)** as needed. The Veteran/Employer of Record must sign the form. If the reimbursement is being made to a worker, that worker's signature is also required. Please sign and date at the bottom and submit the completed form to **Premier Financial Management Services (Premier FMS)** via one of the following options below:

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
ORVSDP@premier-fms.com

Fax:
1-855-571-7670

VETERAN INFORMATION:

Name: _____ Last 4 Digits of SSN: _____

Make check payable to:

Check this box **ONLY** if you **DO NOT** want check to be mailed to vendor.

Name: _____

Address: _____

City/State/Zip: _____

Date of Invoice	Service Code	Description of Service	Unit	Quantity	Rate	Amount

REMINDER: Please attach a copy of the receipt, invoice, or other documentation confirming the amount of purchase.

Veteran/Employer of Record Signature: _____ Date: ____ / ____ / ____

Worker Signature: _____ Date: ____ / ____ / ____