



## Michigan Hourly Payment Request Form

Complete all relevant fields below for payment to be processed for authorized services in the Approved Budget Period. Please complete and submit the Palco Budget Calculator to [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) prior to submitting a payment request. Payment will be generated on the next payroll cycle according to the Payroll Schedule, after Palco has processed this form, which may take up to five (5) business days.

PARTICIPANT INFORMATION			
Full Name	Palco ID		
WORKER INFORMATION			
Full Name	Palco ID		
PAYMENT INFORMATION			
Date of Service	Service Description & Explanation	Hours	Hourly Rate \$

By signing this form, I attest that services were delivered and received consistent with the Approved Budget Period. I attest that my desired method of payment will comply with program policies. I understand that I must retain a receipt for all purchases and comply with audit requirements.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Employer of Record Signature:</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date:</b>
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