VENDOR PAYMENT (TANF) AUTHORIZATION AND REQUEST FOR PAYMENT FOR GOODS AND SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 471 (6-2008)

I. VENDOR INFORMATION

PLEASE ATTACH COPY OF INVOICE/BILLING

Name of Vendor	Telephone Number	Fax Number
Street Address	Mailing Address	
City	State	Zip Code
Services Provided for: (Client's Name)		
Client's Address		
City	State	Zip Code

(a) Payment of goods or services rendered under this authorization shall not be in excess of the rate of payment agreed upon between the vendor and the authorized agency and shall constitute payment in full and complete satisfaction of all claims against the client and the authorized agency.
(b) This authorization is valid for a period of 30 days and must be returned to the authorizing agency within 30 days of the end of that time or payment will be refused. After 30 days an additional authorization must be requested from the authorizing agency.
(c) This authorization will be accepted as a valid claim for payment only if it is properly completed and signed by the vendor for the services. Vendor must include a copy of the bill.

DATE SERVICE PROVIDED	DESCRIPTION OF ITEMS OR SERVICES	AMOUNT CLAIMED
ND Department of Human Services is not subject to sales tax (STATE TAX EXEMPT E-2001)		Total

I do hereby certify that the included bill, claim, account or demand, is just and true; that the services charged were actually rendered and were rendered under the conditions of I,a,b, and c above; and that no part of such bill, claim, account, demand has been paid. I further certify that the goods and services designated are furnished without discrimination as to race, color or national origin.
TAKE NOTICE: "Any person, firm or company falsely certifying or certifying to any false bill, claim, account or demand against the state or subdivision therein, is guiltily of a misdemeanor, and shall forfeit his right to collect such bill, claim, account or demand, or any part thereof."

Signature of Vendor	Date

II. CLIENT INFORMATION

Case Name	Case Number	Social Security Number

III. AUTHORIZED AGENCY (COUNTY/CONTRACTOR INFORMATION)

Authorized Person Signature	Agency of Authorized Person	Date

IV. STATE INFORMATION

State Office Signature	Date
Vendor Code Number	
Program ☐ Diversion ☐ TANF ☐ Transitional Supportive Services	
Services ☐ Supportive ☐ Essential	

Received Date Stamp
(STATE OFFICE ONLY)