



# Participant Check Request

Member Name: \_\_\_\_\_ Member Phone Number: \_\_\_\_\_

Pay to:

Vendor Name: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_

Vendor Address: \_\_\_\_\_  
\_\_\_\_\_

**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):

____/____/____ \$ _____	____/____/____ \$ _____
____/____/____ \$ _____	____/____/____ \$ _____
____/____/____ \$ _____	____/____/____ \$ _____
____/____/____ \$ _____	____/____/____ \$ _____
____/____/____ \$ _____	____/____/____ \$ _____
____/____/____ \$ _____	____/____/____ \$ _____

# of units: \_\_\_\_\_ Unit Rate: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Approved: \_\_\_\_\_  
Member Signature

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Vendor Signature

Date: \_\_\_\_\_

**Please check your Funding Source:**

- MyChoice/Care (MCW)   
 Independent Care - iCare   
 Inclusa   
 Lakeland Care Inc  
 Menominee ITOW   
 CLTS County: \_\_\_\_\_   
 Other: \_\_\_\_\_

*It is your responsibility to verify that your completed and accurate check request has been received by LKiChoice once you submit via mail, fax, or email. Please call us at 1-844-534-7225 to verify your timesheet(s) has been received.*

Submit Mileage Log to: LKiChoice @ 106 S Beaumont Rd Prairie du Chien, WI 53821 Fax: 844-634-7225  
Payroll email: [payroll@lkichoice.com](mailto:payroll@lkichoice.com) For questions please call 844-534-7225 Website: [www.lkichoice.com](http://www.lkichoice.com)