







Third Party Dashboard

	APPLICANT	FOUNDATION	PROCESS	ASSIGNED
	Edit Kary Cramer	A. V. Hunter Trust - Funds For One	2021 Application - Original	03/02/2021
	Edit Kary Cramer	A. V. Hunter Trust - Funds For One	2021 Application	04/06/2021
	Edit Kary Cramer	A. V. Hunter Trust - Funds For One	2021 Application - Original	04/27/2021
	View Kary Cramer	A. V. Hunter Trust - Funds For One	2021 Application - Original	07/01/2021


- When you click on the “Request for Payment Form” link in the email, it will take you to your “Third Party Dashboard” page. This will show you all of your cases for the Funds for One program.
- The green check mark means that you have already completed the Request for Payment Form.
- The red stop sign means that these Request for Payment Forms have not been filled out yet.
- Click on the “Edit” button to fill out the Request for Payment Form.


Follow Up

Sample Client Name

Process: 2021 Application

Follow Up


 Due by 10/26/2021 12:00 AM MDT.

 Fields with an asterisk (*) are required.

Request for Payment


 Please complete the [Vendor Information](#) section below the [Case Information](#) section.

 **Case Information**


 Client Name


#85 Sample Client Name

 Date of Authorization

 04/27/2021

 Award Expiration Date


 10/25/2021

 Services/Equipment Approved



upper and lower dentures


 Award Amount

\$ 1,100.00

 Vendor Name

Sample Vendor Name

  [Vendor Information](#)

 Documentation*

- The top part of the form will show you the “Case Information”



- The bottom part of the form contains the fields for you as the Vendor to complete.





Upload a file [10 MiB allowed]

Treatment Details*

Please provide a brief description of the work that was completed.

2,000 characters left of 2,000

Today's Date*

Taxpayer ID Number*

Name shown on Tax Return, if different than above

Check payment address*

Enter the address you want the check mailed to in the following format (street address, city, state, zip code)

By typing your name in the Signature Field below, you hereby consent and agree that your typed name constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. You also agree to defend, indemnify and hold the A. V. Hunter Trust harmless from any and all claims, disputes, liabilities, or causes of action arising out of services provided to recipients of assistance through the A. V. Hunter Trust.

I confirm that I have verified the information included in this Request for Payment and the attached invoice to the best of my ability and do not have any reason to doubt the validity of the information provided.

Vendor's Signature*

*Required Field

Due by 10/26/2021 12:00 AM MDT.

Save as Draft

Submit



- Scroll down and complete all fields, then click "Submit."