

**Referral Reward Program
Payment Request Form**



Referring Party

Referred Party

Referring Party: _____

Referred Party: _____

Name: _____

Address: _____

SS#: _____

I acknowledge it is my sole responsibility to verify that my acceptance of any referral fee paid by VPSI does not violate any policy established by my employer or present a conflict of interest. I further acknowledge that in accordance with IRS guidelines, a Form 1099 may be issued to me and the IRS to report miscellaneous income.

Signature: _____ Date: _____

Please remit to your local VPSI representative:

Address: _____

Phone: _____

or Fax: _____

For internal use only (to be completed by field office)

Approved by: _____ Date: _____

Project Code: _____ New Van Acct. #: _____

New Van # Started: _____ Date Started: _____

Amount: _____ Check Payment

Credit to Account

CommuterBucks

Referral tracked in Salesforce?