



**FLORIDA EMPOWERMENT SCHOLARSHIP  
 FOR STUDENTS WITH UNIQUE ABILITIES (“FES-UA”)  
 DIRECT PAYMENT TO SERVICE PROVIDER/VENDOR FORM**  
 (Payments are made only by ACH. Provider’s Bank, Routing number and Account number are required)

**Complete this form and return it to AAA** to request direct payment to a provider or vendor for eligible\* items or services. A copy of the invoice listing the items and/or services purchased must be included with this request.

Purchase of eligible instructional materials, including digital devices, digital periphery devices and assistive technology as well as eligible\* curriculum requires pre-approval by AAA. A copy of the APPROVED Pre-Authorization form must be included with this form when requesting payment for those items or services.

\*For a list of eligible schools, go to the FL DOE website here: <http://www.floridaschoolchoice.org/information/privateschooldirectory/>  
 Please refer to the AAA FES-UA Handbook for information about other eligible items and services: <https://www.aaascholarships.org/parents/florida/>

Date:	Total Amount: \$
Service Provider Name:	
Mailing Address:	
Bank Name:	
Bank Account Number:	Bank Routing Number:
Is this bank account different than the last one provided to us? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
List items/services Purchased (paid receipts MUST be attached to this form when it is submitted):	
Describe Educational Purpose:	
Name of Eligible Student Benefiting:	

I confirm that this purchase abides by the affirmations agreed to by me on the Sworn Compliance Statement when applying for the FES-UA and by the AAA Scholarship policies and procedures as stated in the FES-UA Handbook and understand that failure to comply could result in loss of the FES-UA and/or require the return of FES-UA funding to AAA Scholarship Foundation.

Parent/Guardian(s)  
 Signature: \_\_\_\_\_

**\*\*\*\*DETAILED INVOICE MUST BE INCLUDED WITH THIS SIGNED DOCUMENT FOR PAYMENT\*\*\*\***

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**FOR ACCOUNTING USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPENSE ACCOUNT (AUTHORIZED USE): \_\_\_\_\_

ENTERED INTO PAYMENT SYSTEM BY/DATE: \_\_\_\_\_