AUTHORIZED PURCHASER FORM

School Incentive Funds

SY 24-25

PLEASE provide the following information to the Medicaid Office. Only the authorized purchasers listed will be able to utilize the incentive funds for your school. Thank you.

AUTHORIZED PURCHASER REGISTRATION	
Print Name:	
School Name:	
Phone#:	Email:
ALTERNATE PURCHASER	
Print Name:	
Email:	

_____

Primary Authorized Purchaser Signature

14201 School Lane • Upper Marlboro, Maryland 20772 • Medicaid Recovery Office (pgcps.org) •
Sasscer Administration Building • CO5-451 • 301-952-6349 • heather.sams@pgcps.org