

**TRANSPORTATION PROVIDER
CENTRAL FINANCE OFFICE (CFO) AGREEMENT CHECKLIST**
PLEASE WRITE LEGIBLY, IN BLACK OR BLUE INK, AND DO NOT USE HIGHLIGHTER.
Indicate with a ✓ on the line provided if item is included in the packet.

Checklist:

- _____ Completed and signed Transportation Provider Payee Agreement
- _____ W-9 Request for Taxpayer Identification Number and Certification
- _____ Proof of automobile insurance
- _____ Copy of a valid Missouri driver's license

**PLEASE SUBMIT ALL ITEMS LISTED ABOVE ALONG WITH A COPY OF THIS
COMPLETED CHECKLIST TO:**

**CFO Provider Enrollment
Covansys
Attn: Missouri Provider Enrollment
PO Box 29134
Shawnee Mission, KS 66201-9134**

For questions please contact the CFO at 1-866-711-2573 or mofsenroll@pdainc.com