



Mark Gordon  
Governor

**State of Wyoming**  
**Department of Workforce Services**  
 DIVISION OF WORKERS' COMPENSATION  
 5221 Yellowstone Rd  
 Cheyenne, Wyoming 82002  
<http://www.wyomingworkforce.org>



Robin Sessions Cooley J.D.  
Director  
 Elizabeth Gagen, J.D.  
Deputy Director

**Home and Vehicle Modification**  
**Vendor Authorization Request form**  
 Phone 307-687-5304 Fax 307-687-5312

Date:

**Claimant Name:**

**Claim Number:**

Vendor Name:

Federal Tax ID Number:

Address:

City/State/Zip:

Phone Number:

Fax Number:

Email:

Name:

Contact Number:

SERVICE/EQUIPMENT	QUANTITY	PRICE
<b>TOTAL</b>		

*Please include with this request:*

- a. Descriptive list of home or vehicle modification*
- b. Estimate of the home or vehicle modification, including:  
 Price of each item, supply, equipment to be repaired or modified*

For Wyoming Workers Compensation Use ONLY <b>Authorization Approved: Yes _____ No _____ Date: _____</b> <b>Reimbursement will be paid according to the Wyoming Workers Compensation Fee Schedule if approved.</b> Signature _____
--