



Alabama Goods & Services Request Form

Participant Name:	Participant ID #:
Employer Name:	Request Date:

Please select one request type: ☐ Reimbursement ☐ Goods Purchase ☐ Vendor Payment
*Check payable to Employer *Check payable to Vendor

Payment Instructions (Reimbursement & Vendor Payment ONLY)

Make Payment Payable To:	
Mailing Address:	Mailing City/ State/Zip:

Purchase Information (Goods Purchase ONLY)

Vendor Name:	Vendor Website: Vendor Phone Number:
Delivery Address:	Delivery Method: <input type="checkbox"/> Home Delivery (list address) <input type="checkbox"/> In-Store Pick Up

Invoice/ Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)	Total Amount
		Total Payment Amount (must include shipping)	

**Return this form to your AAA Counselor for approval.
Include a copy of the receipt, invoice, or signed bid/estimate.**

By signing this form, I attest that services were delivered and received consistent with the Participant Budget and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

Employer Signature

Date

Counselor Signature

Date

Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
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Fax: (866) 496-4575
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