

Request for Payment- TRANSPORTATION

Complete and submit this form to Acumen by fax, e-mail or mail:

Fax Number: 1-888-715-9391

E-mail Address: payroll-ca@acumen2.net

Mailing Address: Acumen Fiscal Agent 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Person Served Information

Name of the Person Served: _____

Person Served UCI #: _____

Payee Information

Is the Payee an employee?

Yes: Employee Name _____ ID # _____

No

If the Payee is not an employee, then the payee is considered a Vendor. Please complete the below for this vendor and ensure your vendor completes a W9 and sends it to Acumen. Acumen can only issue a check to a vendor if a W9 is completed correctly and submitted.

Make Payment To/Payee Name: _____

Mail Check/Paystub To: _____

Payee Phone number: _____

Payment Information

Date of service (Month, Day, Year)	Number of Miles/Trips			
		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div> X <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div> = <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto; text-align: center;">\$</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">Total Number of Miles/ Trips</div> <div style="text-align: center;">Approved Mile/Trip Rate</div> <div style="text-align: center;">Total Mileage/Trip Payment</div> </div>		
Total Number of Miles/Trips:				

By signing this form, I attest that services were delivered and received consistent with the authorization. If this is the first payment to this vendor, please make sure a W9 form has been completed by the vendor and submitted to Acumen.

Employer/Authorized Representative Signature

Date