



# California SD-PDO Goods and Service Provider (GSP) Payment Request Form

Participant Name	Participant Acumen ID # CA
Employer Name (if different)	Month/Year of Invoice

### Check or Direct Deposit Payment Instructions

Make <b>Payment</b> To (Vendor Name):	
<b>Vendor</b> Address	
<b>Vendor</b> City/State/Zip	<b>Vendor</b> FEIN or SS#

Service Date	Service Code	Description of Services Rendered	Total Amount
<b>Total Check Amount</b>			

By signing this form, I attest that services were delivered and received consistent with the Individual Program Plan 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 or Representative's Signature

\_\_\_\_\_  
Date

**Return this form to Acumen by email, fax, or mail by the scheduled due date.  
Include a copy of the invoice or signed bid/estimate.**

Acumen Fiscal Agent, LLC  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206  
Phone: (888) 516-2432  
Fax: (888) 715-9391  
[vendor-ca@acumen2.net](mailto:vendor-ca@acumen2.net)