



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

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

Check or Direct Deposit Payment Instructions

Make Payment To (Vendor Name):	
Vendor Address	
Vendor City/State/Zip	Vendor FEIN or SS#
If online purchase ship to Name	Address

Invoice/ Service Date	Service Code	Description of Services Rendered	Total Amount
		Total Check Amount	

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.

Participant or Representative's Signature

Date

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

Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (866) 496-9139
Fax: (855) 264-3290
vendorprocessing@acumen2.net