

Idaho Vendor Payment Request Form

			_	-				
Participant Name				Participant Acumen ID #				
Employer Name (if different)				Month/Year of Invoice				
Please check if vendor is: Agency Independent Contractor Online Vendor								
☐ Other Business, Professional or Service Provider Payment Instructions (Check)								
Make Check P	•	eck)		Send check to:	Vendor			
Wake Check F	ayabie 10.			20114 0110011 101	Participant			
Vendor Address:			Vendor City/State/Zip					
Payment Inst	tructions (Onl	line Order/Phone Payı	ment)					
Vendor Name/Website:			Vendor Contact Number:					
Shipping Info	ormation		Address:					
Invoice/ Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)			Total Amount			
		Total Charle Amount (mount in alunda alainni						
Total Check Amount (must include shipping)								
		teturn this form to Acun copy of the voided recei		nail, fax, or mail. e, or signed bid/estimate	9.			
rendered and/or a satisfaction of thi laws for any false	approved this pay is claim may be fro claims, statemen	ment request in accordance om Federal and State funds,	with the fand that I ment of a m	onsistent with the Individual a Program regulations. I unders may be prosecuted under app naterial fact. Any misuse of fu	stand that payment and blicable Federal or State			
Participant or Representative's Signature				Date				
		Acumen Fisca	al Agent, LL	С				

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

Service Code	Description	Service Code	Description
AEQ	Adaptive Equipment	RSS	Relationship Support
ESS	Emotional Support	SBS	Support Broker Support
JSS	Job Support	SNS	Skilled Nursing Support
LSS	Learning Support	TSM	Transportation Mileage
PSS	Personal Support	TSS	Transportation Support

ACUMEN WILL REQUEST AN IRS FORM (W-9) BE SUBMITTED WHEN PAYMENT TO THE VENDOR WILL BE MADE BY CHECK OR DIRECT DEPOSIT. THIS FORM MUST BE RECEIVED BY ACUMEN PRIOR TO ANY PAYMENT. VENDORS CANNOT BE PAID IF THEIR NAME SHOWS UP ON THE LIST OF EXCLUDED INDIVIDUALS AND ENTITIES (LEIE). ACUMEN WILL VERIFY SERVICES HAVE BEEN APPROVED ON THE SUPPORT AND SPENDING PLAN PRIOR TO MAKING THE PURCHASE.

1) Vendor Payments by check/Direct Deposit- Please note that these requests follow the same schedule as payroll, and will be processed based on the invoice/service date and when they are received.

The employer or support broker can submit an invoice to Acumen for services approved on the Support and Spending Plan. Acumen will issue a check made payable to the vendor. This check will then be mailed to the employer or vendor as requested. It is the employer's responsibility to deliver this payment to the vendor if the check is mailed to the employer.

2) Online Order Requests - Requests will be placed in line for processing upon receipt.

The employer or support broker can submit the vendor request form, along with screenshots and/or links for items to be purchased on behalf of the participant.

<u>Instructions for Employers and/or Support Brokers to complete and submit the Idaho Vendor</u> <u>Payment Request Form</u>

- A) For services rendered, the Employer or Support Broker attaches a copy of the itemized receipt(s) or invoice(s), the Employer/Authorized Representative signs the form, and submits this to Acumen Fiscal Agent.
- B) For requests for items to be purchased by Acumen on behalf the participant, the Employer or Support Broker submits screenshots and/or links to the items to be purchased along with the form. The Total Amount must include shipping and tax where applicable. The Employer/ Authorized Representative then signs and submits the form to Acumen Fiscal Agent.
- **C) Price changes/differences.** As long as the price of the item does not exceed the amount approved and shown on the Support and Spending Plan, Acumen will make the purchase, even if the price of the item changes from the time of submittal to the time of purchase.