

# Request for Vendor Payment/Reimbursement Form



<b>Participant Name</b>	<b>Participant ID #</b>
<b>Employer Name</b>	<b>Month/Year</b>

**Payment Instructions**

<b>Make Check Payable To:</b>	
<b>FEIN or SS#</b>	<b>Is this payment to an Employee?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Address</b>	<b>City/State/Zip</b>

Invoice/ Service Date	Service Code	Description	Total Amount
		<b>Shipping Amount</b>	
		<b>Total Check Amount</b>	
		<b>Invoice Number</b>	

**REMINDER:** Please attach a copy of the voided receipt or invoice. For reimbursement payments, send a copy of the receipt back to Acumen once purchase is made. When doing online shopping, client will need to progress to the page that shows shipping options and select the preferred method of shipping. The submitted invoice page should include an item total and the shipping total. We will order the items and get the amounts closest to those provided.

**By signing this form, I attest that services were delivered and received consistent with the Community Support Plan and I have rendered and/or approved the above 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 the repayment of claim. Collection costs or legal fees will be my responsibility.**

\_\_\_\_\_  
Participant or Representative's Signature

\_\_\_\_\_  
Date

Return completed form to Acumen by mailing to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 or by faxing to (855) 264-3289.

MN CDCS  
REV 04-22-19