



MT-SDEO REQUEST FOR VENDOR APPROVAL FORM

Vendors cannot be paid if their name shows up on the Office of Inspector General (OIG) List of Excluded Individual/Entities (LEIE). This form and a W-9 must be completed for each vendor and submitted to Acumen. Acumen will notify you when the vendor is cleared to begin providing services. **Do not** allow any service/work to be provided prior to this notification. Acumen must ensure that all vendors are not listed on the Office of Inspector General (OIG) List of Excluded Individual/Entities (LEIE). If you allow work to start before receiving approval to use the vendor, and the vendor's name appears on the List of Excluded Individual/Entities you will be responsible to pay for any work completed.

Employer/Authorized Rep Name (print): _____

Consumer Name (print): _____ Medicaid ID# _____

Vendor Name/Company Name (if different):

I would like to receive notification regarding the outcome of this request by:

☐ Phone: _____

☐ Email: _____

☐ Mail: _____

Employer Signature

Date