



## Vendor Payment Request Form

Participant Name	Participant Acumen ID #
Employer Name (if different than Participant)	

Please check if you are requesting:

Check to agency/vendor/independent contractor

Online Purchase  
(Actual purchase price may vary. Actual purchase price is attached)

### Payment Instructions

Make Check Payable To:	
Vendor FEIN or SS#	Vendor Name
Vendor Address	Vendor City/State/Zip
If online purchase ship to: Name:	Address:

Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)	Total Amount/ Original Quote
		<b>Total Check Amount (must include shipping)</b> (For online purchases, actual purchase price may vary. Acumen will attach actual price when purchase is complete.)	

**Email to [vendorprocessing@acumen2.net](mailto:vendorprocessing@acumen2.net) Include a copy of the voided receipt or invoice.**

By signing this form, I attest that services were delivered and received consistent with the Individual Service 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.

**Vendor payments require review and approval, and must also be signed by a representative of Cardinal Healthcare Innovations.**

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

Cardinal Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

## Request for Vendor Payment Instructions

Service Code	Description
NSEI	Natural Supports Ed Individual- Vendor
NSEC	Natural Supports Ed Conference
Startup Supplies	One box of gloves, One CPR mask and one first-aid kit
INGS	Individual Goods and Services
ESUP	Employer Supplies

ACUMEN REQUIRES AN IRS FORM (W-9) BE SUBMITTED WHEN SERVICES ARE PROVIDED FOR AGENCIES, VENDORS AND INDEPENDENT CONTRACTORS. 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).

### 1) Vendor Payments

The employer can submit an invoice to Acumen for services approved on the Plan. Acumen will issue a check made payable to the vendor. This check will then be mailed directly to the vendor.

### 2) Online Order Requests

The employer can submit the vendor request form, along with screenshots and/or Wish List (example: Amazon, Walmart) for items to be purchased on behalf of the participant.

### Instructions for Employers to complete and submit the Vendor Payment Request Form

The Employer fills out the Vendor Payment Request Form. Please note that vendor requests follow the same schedule as payroll, and will be processed based on the check date indicated on the form. If items are needed sooner, please contact our customer service team to request this.

- A) For services rendered**, the Employer attaches a copy of the itemized receipt(s) or invoice(s), the Employer 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 creates a Wish List (example: Amazon, Walmart) and/or submits screenshots of the items to be purchased along with the form. The Total Check Amount must include shipping and tax where applicable. The Employer then signs and submits the form to Acumen Fiscal Agent.
  - **Price changes/differences.** As long as the price of the item does not exceed the amount approved and shown on the Cost Summary, Acumen will make the purchase, even if the price of the item changes from the time of submittal to the time of Acumen making the purchase.