



Background Check Payment Request Form

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|---|----------------------|
| Participant Name | Employee Name |
| Employer Name (if different than Participant) | |

| Service Date | Service Code | Background Check Type | Total Amount/ Original Quote |
|--------------|--------------|--|---------------------------------|
| | ESUP-BB | NC Background check (Select if employee currently lives in NC and has for 5 or more years) | \$24.00 |
| | ESUP-BB | National and NC Background check (Select if employee has lived outside of NC in the last 5 year) | \$62.00 |
| | | | |
| | | | |
| | | Total Amount | |

Return this form along with the employee's new hire packet to:
NCMCOAGENTS@Acumen2.net

By signing this form, I attest I have 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.

Employer Signature

Date