

Partners Request for Employee Bonus and Reimbursement



Participant Name	Participant ID #
Employer Name	

Payment Instructions

Employee Name	
Address	City/State/Zip

Is this payment a Reimbursement or a Bonus?

 Bonus
 Reimbursement (Costs Paid by Employee) *(Verify MCO Rules)*

Enter information on the appropriate line below for payment from the Budgetary Overage Balance.

- **BOBP** - Bonus, write in the gross amount of the payment. *Taxes will come out of this amount. Service date should be within pay period of pay cycle in which you wish to pay your Employee.*
- **BOBP** - Mileage, write in total miles X rate in the Description
- **BOBP** - Training/Supervision hours. Enter the number of hours and rate of pay in the Description.
- **ESUP-BB** – Use this code for Reimbursement for Training/Class, other Costs, etc. *Service date should be within pay period of pay cycle in which you wish to pay your employee.*

Service Date	Service Code	Description	Item Amount
		Total Amount	

REMINDER: Please be sure to check the amount remaining in your Budgetary Overage-BOBP and ESUP-BB accounts before submitting a request. Acumen cannot pay more than the amount remaining.

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

Email this form to nc-mcoagents@acumen2.net and cc: payroll-nc@acumen2.net

EOR Signature

Date