



Online Vendor Purchase Request Form

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

1. A PDF of the shopping cart must be provided. The shopping cart must include a total which includes **taxes and shipping costs**.
2. If the vendor is not already contracted with Acumen the employer must get a W9 from the vendor and provide a copy of the completed W9 to Acumen.
3. **For Vaya Only** – Include a copy of the Vaya approval letter and the supplies request breakdown.
4. **This purchase must be approved by the MCO before payment can be made. Please refer to the rules of the MCO in which the participant receives their waiver services.**

Payment Instructions

Online Vendor Name:
Provide Shipping Address of Employer:

Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)	Total Amount
		Total Amount (must include taxes & shipping costs) (For online purchases, actual purchase price may vary. You will be contacted if approval price does not cover the actual costs of the purchase request.	

Return this form to Acumen by email to ncmcoagents@acumen2.net

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.

Employer Signature

Date