

Request for Fund Balance Payment Form



Participant Name	Participant ID #
Employer Name	

Payment Instructions

Make Check Payable To:	
Name	Is this payment to an Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City/State/Zip

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

- FUND – Mileage, write in total miles X rate in the Description.
- FUND – 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.
- FUND – Training, use this code for Training/Supervision hours. Enter the number of hours and rate of pay in the Description.

Service Date	Service Code	Description	Total Amount
	FUND –		
	FUND –		
	FUND –		
		Total Check Amount	
		Invoice Number (if applicable)	

Return this form to Acumen by email to payroll-nc@acumen2.net

REMINDER: Please be sure to check the amount remaining in your Fund Balance allotment. Acumen cannot pay more than is 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.

Participant or Representative's Signature

Date

Acumen Fiscal Agent, LLC
 5416 E. Baseline Rd., Suite 200
 Mesa, AZ 85206
 Phone (866) 811-3099 Fax (855) 264-3292
 Payroll-nc@acumen2.net