



## New Jersey DDD Vendor Entry Alternative Sign Off Form

<b>Participant Name</b>	<b>Participant DDD ID #</b>
Employer Name (if different)	<b>Month/Year of Invoice</b>

### Check or Direct Deposit Payment Instructions

<b>Make Payment To (Vendor Name):</b>	
Vendor Address	
Vendor City/State/Zip	Vendor FEIN or SS#

Service Date	Service Code	Description of Services Rendered	Total Amount
		<b>Total Check Amount</b>	

By signing this form, I attest that services were delivered and received. I have rendered and/or approved this payment request in accordance with NJ DDD 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 or Representative's Signature

\_\_\_\_\_  
Date

**Acumen Fiscal Agent, LLC**  
**5416 E. Baseline Rd., Suite 200**  
**Mesa, AZ 85206**  
**Phone: (848) 400-5738**  
**Fax: (866) 486-4179**  
[vendor-nj@acumen2.net](mailto:vendor-nj@acumen2.net)