



New Jersey DDD Vendor Entry Alternative Sign Off Form

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

Check or Direct Deposit Payment Instructions

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

Service Date	Service Code	Description of Services Rendered	Total Amount
Total Check Amount			

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