



## New Jersey DDD Vendor Payment Request Form

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

### Check or Direct Deposit Payment Instructions

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

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  
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