

NV SDFSS - Vendor Payment Request Form



Participant's Name	Participant's Acumen ID #
Employer's Name	Month/Year

Payment Instructions

Make Check Payable To:	
Vendor FEIN or SS#	Vendor Name
Vendor Address	Vendor City/State/Zip

Invoice/ Service Date	Description	Total \$ Amount
	Total Check Amount	
	Invoice Number	

!!! REMINDER: Please attach a copy of the Vendor's invoice prior to submitting to Acumen.

By signing this form, I attest that services were delivered and received consistent with the goals and amount authorized in my SDFSS budget, and I have approved the above payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim is with State funds, and that I may be prosecuted under applicable 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.

Employer's/Authorized Representative's Signature

Date

Return completed form *and invoice* to Acumen (choose one option):

Fax: (866) 496-4551

Email: vendor-nv@acumen2.net

Mail: 5416 E Baseline Rd., Suite 200, Mesa, AZ 85206

For more information about how to use DCI to electronically submit vendor payment requests and invoices more quickly and easily, please reach out to Customer Service at (866) 644-4188.