Employee Reimbursement Payment Request

Complete and submit this form to Acumen by fax, e-mail, or mail:

Fax Number: 1- 866-862-6862

E-mail Address: payroll-oh@acumen2.net

Mailing Address: Acumen Fiscal Agent 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

		Veteran's Information	
Name of Veteran:		ID#:	
		Reimbursement	
Name of Employee:		ID#:	
M I D I T /5		Payee Information	
Make Payment To/E			
Mail Check/Paystub	То:		
Employee Phone nu	mber:		
Service Payment Information			
Date of service (DD/MM/YYYY)	Service Code	Description of Services Rendered	Total Amount
		·	
		<u> </u>	
		Total Check Amount \$	
DEMINDED:	· Please attach a		or other
		copy of the voided receipt, invoice nfirming the amount/s of purchase.	
		vered and received consistent with the budget.	<u>.</u>
Care Manager's Signature			
-			
Employee's Signature		 Date	_