

Request for Vendor and Reimbursement Payment



Veteran Name	Veteran Acumen ID #
Is this a request for reimbursement to a Veteran? <input style="margin-left: 100px;" type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No	

Payment Instructions

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

Invoice/ Service Date	Service Code	Description	Total Amount
		Total Check Amount	
		Invoice Number	

REMINDER: Please attach a copy of the voided receipt or invoice, or other documentation confirming the amount(s) of purchase. If this is the first payment to this vendor, please make sure a Form W-9 has been completed by the vendor and submitted to Acumen.

I hereby attest that I have rendered and/or approved the above payment request in accordance with the Program 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 the repayment of claim. Collection costs or legal fees will be my responsibility.

Care Manager's Signature

Date

Please return the completed form to Acumen by emailing to customerservice@acumen2.net, or by faxing to (866) 862-6862, or by mailing to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206.