

## Request for Vendor Payment

**EXAMPLE**

Service Recipient Name <b>Jane Smith</b>	Service Recipient Acumen ID # <b>OK12345</b>
Employer Name <b>John Smith</b>	Case Manager Name <b>Sarah Davis</b>

**Payment Instructions**

Make Check Payable To: <b>Best Adult Activity Center</b>	
Vendor FEIN or SS# <b>98-7654321</b>	Vendor Name <b>Best Adult Activity Center</b>
Vendor Address <b>123 South 1st Street</b>	Vendor City/State/Zip <b>Norman, OK 73072</b>

Service Start Date*	Service End Date*	Service Code <small>Not sure of code? Ask your case manager</small>	Description <small>Brief description of vendor's service</small>	Cost (Should match the unit rate approved in your IP and on the authorization)
<b>7/1/24</b>	<b>7/31/24</b>	<b>T2025</b>	<b>July 2024 - Monthly Program Fee</b>	<b>\$ 640.00</b>
				\$
				\$
<b>Total Amount</b>				<b>\$ 640.00</b>

- If requesting payment for a service, the start date is the first day the service was provided and end date is the last day the service was provided. These could be the same. If it is for an item, put the date on the invoice for the start date.



REMINDER: Please attach a copy of the voided receipt or invoice.



- The dollar amount on this request must exactly match the amount authorized by Oklahoma Department of Human Services. If this request does not match the authorization exactly, we will not be able to issue payment.
- Vendor Payment Requests must be submitted on time:** Submit within 30 days of service. Must be submitted including corrections before 5 months from date of service or the employer may be responsible for payment.

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 and 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.

*John Smith*

Employer's Signature

**8/1/2024**

Date

**Return completed form to Acumen (choose one):**

**Email, Fax or Mail Information to Acumen**

Acumen Fiscal Agent, LLC.  
4867 South Sheridan Suite 711  
Tulsa, OK 74145  
[AcumenOK@Acumen2.net](mailto:AcumenOK@Acumen2.net)  
Fax: 877-364-2837