

# Request for Vendor Payment



<b>Service Recipient Name</b>	<b>Service Recipient Acumen ID #</b>
<b>Employer Name</b>	<b>Month/Year</b>

**Payment Instructions**

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

Invoice/ Service Date	Service Code	Description	Total Amount
<b>Total Check Amount</b>			
<b>Invoice Number</b>			

**REMINDER:** Please attach a copy of the voided receipt or invoice. The dollar amount on this check 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.

**THIS FORM MUST BE SUBMITTED NO LATER THAN 5 MONTHS FROM THE DATE OF SERVICE RENDERED TO ENSURE PROCESSING.**

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.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

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

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

Email: [customerservice@acumen2.net](mailto:customerservice@acumen2.net)

Fax: (877) 364-2837