

Request for Vendor Payment/Reimbursement Form



Participant Name	Participant Acumen ID #
Employer Name	Month/Year

Payment Instructions

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

Pay from Contingency Funds (CONT)

Pay from Discretionary Funds (DISC)

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

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

By signing this form, I attest that services were delivered and received consistent with the Spending Plan and 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.

Participant or Representative's Signature

Date

Case Manager's Signature

Date

*Case Manager's signature indicates that item purchased is consistent with and is intended to be purchased through the service budget.

Return completed form to Acumen (choose one option):

Email: customerservice@acumen2.net

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

Fax: (866) 235-4745