

TX Compensation Request Form



Participant Name	Participant Acumen ID #
Employer Name (if different)	Program

Payment Instructions

Make Check Payable To:	
Address	City/State/Zip

Enter information on the appropriate line below for type of payment requested.

For ESS – *Write in associated Service Code, the authorized item in the Description, enter gross Total Amount, and Attach copy of receipt or invoice.*

For BONUS – *Write in associated Service Code, BONUS type in the Description, and enter gross Total Amount of the payment. Taxes will be deducted from this amount.*

Invoice/ Service Date	Service Code	Description	Total Amount
	ESS –		
	ESS –		
	BONUS –		
	OTHER –		
		Total Check Amount	

REMINDER: Please be sure to verify available amount in your authorized budget. Acumen cannot pay more than is remaining. Late fees, penalties, finance charges, or stop payment cost cannot be paid by Acumen.

By signing this form, I attest that services were delivered and received consistent with the authorized service 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/or 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

Return completed form to Acumen by fax, mail or email using information listed below.

Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone (866) 759-9542 Fax (855) 264-3287
Payroll-TX@acumen2.net