



**Acumen Fiscal Agent**

## **Fingerprinting Reimbursement Form**

To receive reimbursement for the cost of fingerprinting, fax (1-888-249-7023) or mail (PO Box 539, Orem, UT 84059) a copy of the receipt and this form to Acumen. Fingerprinting reimbursement checks will be made out to the employer.

Employee Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

\*DSPD allows for up to \$16 for fingerprinting reimbursement.