NV SDFSS - Vendor Payment Request Form

Participant's Name	**Participant's Acumen ID #**
Employer's Name	**Month/Year**

Payment Instructions

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

Service Codes: **BTM= Behavior training/ management** **REC= Social/ Recreation** **LVS= Daily Living Skills**
THR= Specialized Therapeutic Services **SPC= Specialized Care**

☐ **This request is for a monthly membership fee (see NEW instructions beneath the grid.)**

Service Date	Code	Description	Cost of Service
		Total Check Amount	
		Invoice Number	

!!! REMINDER: All payment requests must be submitted to Acumen with a copy of the Vendor's invoice.

!! **NEW** requirement for all *membership fee* payment requests received on or later than 7/1/2026:

In addition to the Vendor's invoice, payment requests for membership fees must also include documentation, such as an attendance log, documenting the client's service utilization for the month. Requests received without utilization documentation (or documentation showing no utilization for the month) will be denied payment per program rules.

By signing this form, I attest that I, the Employer or Authorized Representative, am submitting this request to Acumen directly, and not designating the task to any other entity or individual. I also attest that services were delivered and received consistent with the goals and amount authorized in my SDFSS budget, and I have approved the above payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim is with State funds, and that I may be prosecuted under applicable 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/Authorized Representative's Signature Date

Return completed form, and all required supporting documentation to Acumen (choose one option):

Fax: (866) 496-4551
Email: vendor-nv@acumen2.net
Mail: 5416 E Baseline Rd., Suite 200, Mesa, AZ 85206