

# ADSS Goods & Services Request

# Goods & Services Request

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- **Overview**
  - ✓ Requests follow the payroll schedule & are processed based on the date received
  - ✓ The employer or counselor can submit the request form for services approved on the budget
  - ✓ Acumen verifies services have been approved on the budget before making the purchase
- **Employer Reimbursements**
  - ✓ Acumen issues & mails a check made payable to the employer
- **Vendor Payments**
  - ✓ Vendors cannot be paid if on the excluded individuals and entities list
  - ✓ When a vendor payment is made, a [W-9 form](#) must be completed by the vendor, submitted, and received by Acumen before payment.
  - ✓ Acumen issues a check made payable to the vendor, which is mailed to the vendor as requested.
- **Goods Purchasing**
  - ✓ Screenshots and/or links for items to be purchased on behalf of the participant can be submitted along with the request form

# Goods & Services Request Form



- For services rendered:
  - ✓ Employer or counselor attaches a copy of the itemized receipt(s) or invoice(s)
  - ✓ Employer and counselor sign the form & submit to Acumen
- For requests for items to be purchased by Acumen on behalf of the participant:
  - ✓ Employer or counselor submits screenshots and/or links to the items to be purchased along with the form
    - **Please note:** The total amount must include shipping & tax where applicable
  - ✓ Employer and counselor sign the form & submit to Acumen
- For price changes/differences:
  - ✓ If the item price does not exceed the approved amount, Acumen makes the purchase even if the price changes from the time submitted to the time purchased.

**Alabama Goods & Services Request Form**

Participant Name:		Participant ID #:	
Employer Name:		Request Date:	

Please select one request type:  Reimbursement  Goods Purchase  Vendor Payment  
\*Check payable to Employer      \*Check payable to Vendor

**Payment Instructions (Reimbursement & Vendor Payment ONLY)**

Make Payment Payable To: \_\_\_\_\_

Mailing Address:	Mailing City/State/Zip:
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**Purchase Information (Goods Purchase ONLY)**

Vendor Name:	Vendor Website:
Vendor Phone Number:	
Delivery Address:	Delivery Method: <input type="checkbox"/> Home Delivery (list address) <input type="checkbox"/> In-Store Pick Up

Invoice/Service Date	Service Code	Description (online purchases must include Item #, number of items, screenshot of item, color, and size)	Total Amount
<b>Total Payment Amount (must include shipping)</b>			

**Return this form to Acumen by email, fax, or mail. Include a copy of the receipt, invoice, or signed bid/estimate.**

By signing this form, I attest that services were delivered and received consistent with the Participant Budget and I have rendered and/or approved this 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 my repayment of claim.

Employer Signature _____	Date _____
Counselor Signature _____	Date _____

Acumen Fiscal Agent, LLC.  
 5416 E. Baseline Rd., Suite 200  
 Mesa, AZ 85206  
 Phone: (866) 859-0027  
 Fax: (866) 496-4575  
 vendor-al@acumen2.net

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