

SAIL Goods & Services Request

Goods & Services Request



- **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. Or can be received via direct deposit.
- **Vendor Payments**
 - ✓ Vendors cannot be paid if on the excluded individuals and entities list
 - ✓ When a vendor payment is made by check or direct deposit, a [W-9 form](#) must be completed by the vendor, submitted, and received by Acumen before payment.
 - ✓ Physical check: Acumen issues a check made payable to the vendor, which is mailed to the vendor as requested.
 - ✓ Direct Deposit: The vendor may complete an Electronic Funds Transfer (EFT) form, attach a voided check, and submit it to Acumen. This form is found in the SAIL Paying For Supports packet.
- **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.

***Please note:** SF Saving Fund balances will not be available until late January/early February

Alabama Goods & Services Request Form			
Participant Name:		Participant ID #:	
Employer Name:		Request Date:	
Please select one request type: <input type="checkbox"/> Reimbursement <input type="checkbox"/> Goods Purchase <input type="checkbox"/> Vendor Payment			
<small>*Check payable to Employer *Check payable to Vendor</small>			
Payment Instructions (Reimbursement & Vendor Payment ONLY)			
Make Payment Payable To:			
Mailing Address:		Mailing City/State/Zip:	
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
Total Payment Amount (must include shipping)			
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) 859-0026 Fax: (866) 496-4575 vendor-al@acumen2.net			
AL SAIL 12-2023			