# Reimbursement Training for Employers



### **Goods & Services Request**



A **Goods & Services Request Form** may need to be completed prior to creating the reimbursement entry in the DCI system.

- ❖ Please visit the Acumen website for the state and program to determine if this step is required
  - ✓ If required, complete the form and attach in the Invoice Attachments field when creating the reimbursement entry in the DCI system.

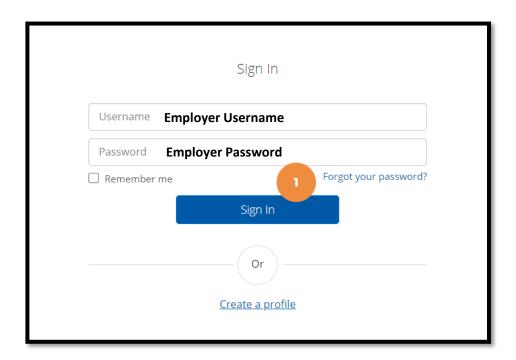
#### Example Goods & Services Request Form:

			Participant ID #:				
one request t			Goods Purchase	Vendor Paymen			
•	mbursement & Vendor Pa	ayment O	NLY)				
ss:		Mailing City/ State/Zip:					
rmation (God	ods Purchase ONLY)						
Vendor Name: Delivery Address:			Vendor Website: Vendor Phone Number:  Delivery Method: Home Delivery (list address) In-Store Pick Up				
	Total Payment Amo	ount (mus	t include shipping)				
Inclu							
approved this of this claim ma y false claims,	payment request in accorda ay be from Federal and State to statements or documents or co	ince with the funds, and to concealment	ne Program regulations. I that I may be prosecuted it of a material fact. Any mi	I understand that payme under applicable Federal			
ature			Date				
	ructions (Rein t Payable To:  promation (God  sss:  Service Code  Inclu form, I attest tt approved this of this claim s, ty false claims, ty	ne:  One request type: Reimburseme *Check payable to Emplo Puctions (Reimbursement & Vendor P. It Payable To:  It Payable To:	ne:  one request type: Reimbursement *Check payable to Employer ructions (Reimbursement & Vendor Payment O t Payable To:  ss: Mailing State/Zij  ormation (Goods Purchase ONLY)  Vendor N Vendor F Vendor F Vendor F  Ormation (Goods Purchase ONLY)  Ses: Delivery  Total Payment Amount (mus:  Return this form to Acumen by er Include a copy of the receipt, invoice, of form, I attest that services were delivered and received approved this payment request in accordance with to tof this claim may be from Federal and State funds, and in ty false claims, statements or documents or concealment inalized, including but not limited to my repayment of claims.	Request Date:    Request Date:			

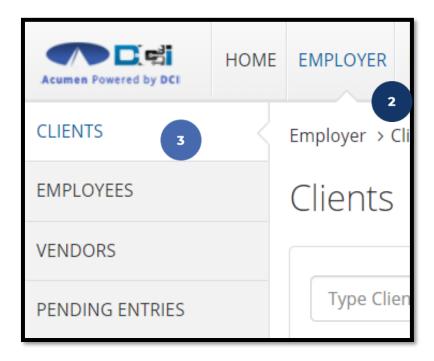


\*Please note! The Employer is responsible for creating the reimbursement entry for their client(s)

1. Navigate to <u>acumen.dcisoftware.com</u> and log into the **Employer Profile** 



- 2. Click **Employer** on the main menu
- 3. Click **Clients** on the submenu

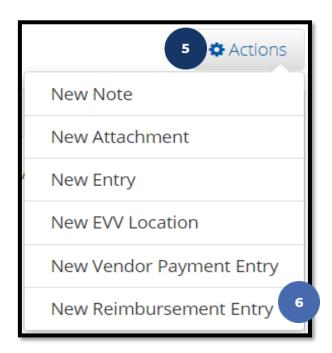




4. Click anywhere in the client row to open the details page

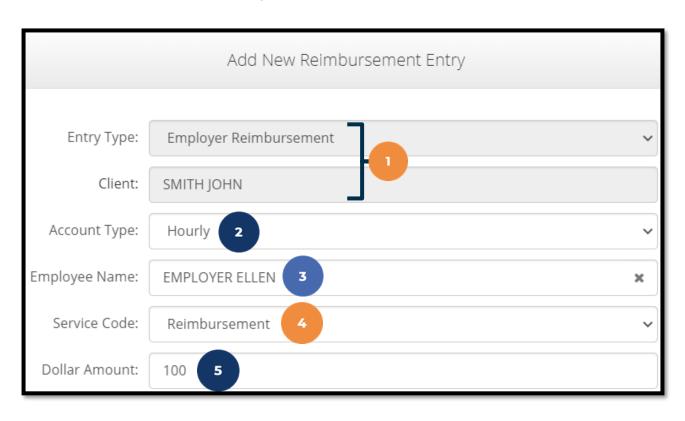


- 5. Click **Actions**
- 6. Select **New Reimbursement Entry** from the drop-down menu





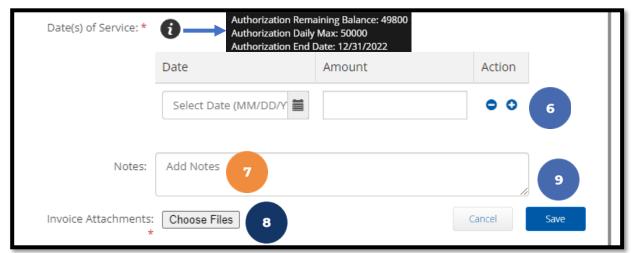
#### Complete the Add New Reimbursement Entry form wizard:



- 1. Entry Type & Client: Auto-populate
- 2. Account Type: Hourly
- 3. Employee Name: Type & select from the drop-down
- 4. Service Code: Select from the dropdown
- 5. Dollar Amount: Total reimbursement amount. Must match attached invoice or receipt.



#### **Add New Reimbursement Entry** form wizard continued:



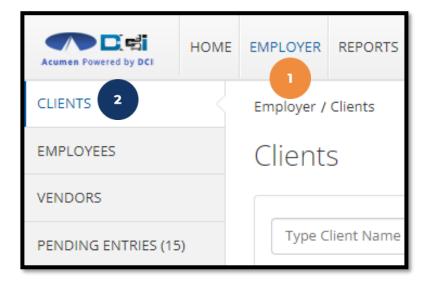


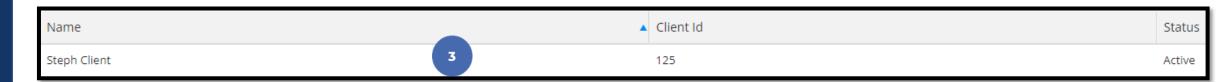
- Date(s) of Service: This may be one date or multiple dates. Enter the date and the amount for that date then click the blue **plus sign (+)** to add more as needed.
  - The sum of the dates of service much match the dollar amount entered in the Dollar Amount field (see step 5)
- 7. Notes (optional)
- 8. Invoice Attachments: Click the Choose Files button to upload supporting documents (i.e., Completed Goods & Services Request Form, training invoice, etc.). Attachment must be in PDF, JPG, or PNG format.
- 9. Click Save
- 10. Click **Yes** to confirm



To check the status of the reimbursement entry:

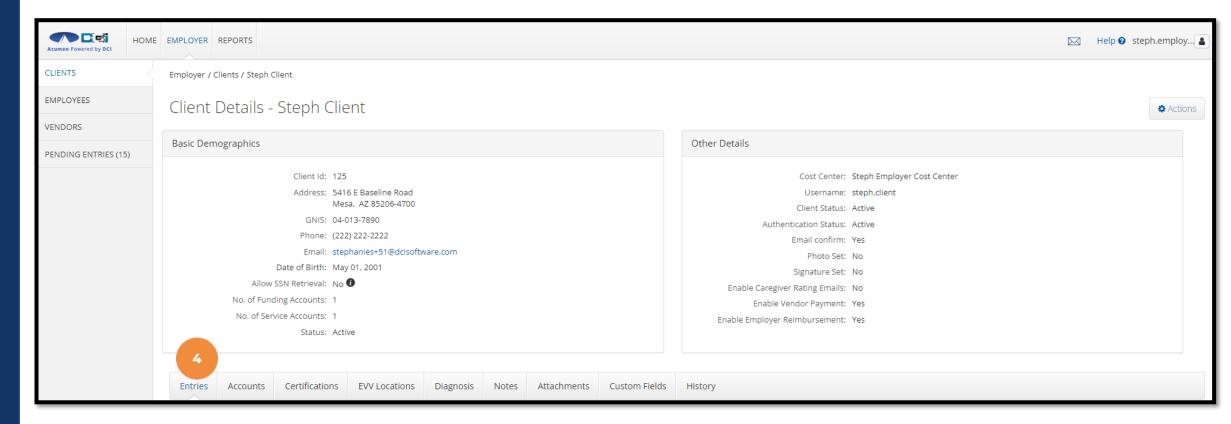
- 1. Click **Employer** on the main menu
- 2. Select the **Clients** tab from the submenu
- 3. Click anywhere on the **client row**





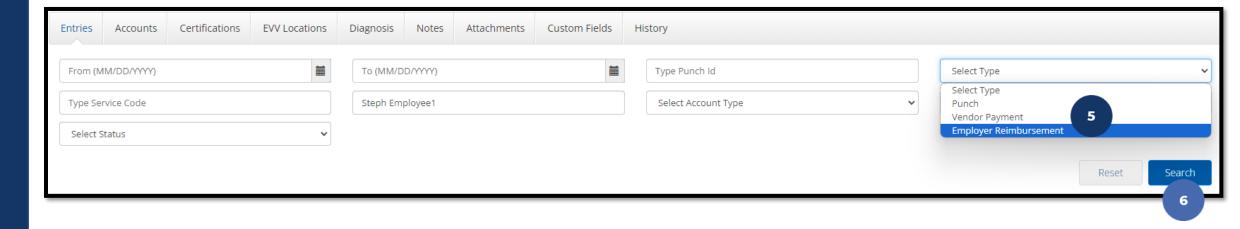


4. From the Client Details page, scroll down to select the **Entries** tab.





- 5. Select **Employer Reimbursement** from the Select Type filter
- 6. Click the blue **Search** button to return results





If more than one Date of Service was entered for the reimbursement, an entry is created for each and the entry for the total amount is canceled.

Entries										nowing <b>9</b> out of <b>9</b> records
Id	▼ Service Date	Туре	Service Code	Cost Center	Employee /Program /Vendor Name	Ref.	Amount	Unit Type	Status	Portal Sign-off
75298	Jul 12, 2024	Employer Reimbursement	Reimbursements	Steph Cost Center test - Steph Cost Center test	Steph Employee1	75295	20.00	Dollar	Approved	N/A
75297	Jul 10, 2024	Employer Reimbursement	Reimbursements	Steph Cost Center test - Steph Cost Center test	Steph Employee1	75295	20.00	Dollar	Approved	N/A
75296	Jul 08, 2024	Employer Reimbursement	Reimbursements	Steph Cost Center test - Steph Cost	Steph Employee1	75295	20.00	Dollar	Approved	N/A
75295	Jul 08, 2024	Employer Reimbursement	Reimbursements	Steph Cost Center test - Steph Cost Center test	Steph Employee1		60.00	Dollar	Canceled	N/A
75290	Jul 19, 2024	Employer Reimbursement	Reimbursements	Steph Cost Center test - Steph Cost Center test	Steph Employee1		15.00	Dollar	Rej d	N/A

If only one Date of Service was entered for the reimbursement, only one entry is created.







- Employee reimbursements follow the payroll schedule
  - ✓ Submit and approve within the pay cycle for the employee to receive with their paycheck
  - ✓ If approved, the entry status changes to Approved.
- Entries are then reviewed by the payroll team and if the entry is in good order, payment is made at the scheduled time.
  - The reimbursement is visible on the employee's pay stub
- If rejected by the payroll team, the entry status changes to Rejected and communication is sent to the Employer via the email listed on the DCI profile.