



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:

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 your Counselor for approval.
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

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