



## Georgia NOW & COMP Fingerprint Background Check Reimbursement

<b>Participant Name</b>	<b>Participant Acumen ID #</b>
<b>Employer Name</b>	<b>Month/Year</b>

### Payment Instructions

<b>Make Check Payable To (EMPLOYEE NAME):</b>	
<b>Employee SS# (last 4)</b>	<b>Employee Name</b>
<b>Employee Address</b>	<b>Employee City/State/Zip</b>

\*NOTE\* Reimbursement payments will be made using the NOW & COMP Payment Schedule, which can be found on the Acumen website at <https://www.acumenfiscalagent.com/state/georgia/>.

\*NOTE\* Participant must be Active (Good to Go) for successful employee reimbursement.

\*NOTE\* If the employee is not active, they will receive a paper check at the address listed above.

Invoice/ Service Date of Background Check	Service Code	Description	Total Amount
	BGC	GA NOW & COMP Background Check Reimbursement	\$51.50
		<b>Total Check Amount</b>	<b>\$51.50</b>

**REMINDER: Please attach a copy of the Fieldprint Confirmation Receipt.** Return completed form to Acumen by emailing to [vendor-ga@acumen2.net](mailto:vendor-ga@acumen2.net) or by mailing to 5416 E Baseline Rd., Suite 200, Mesa, AZ 85206 or by faxing to (877) 522-8636.

**By signing this form, I attest that the employee has completed his/her Fieldprint Background Check, 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.**

\_\_\_\_\_  
Participant or Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date