

## MT SDEO Training Grant Payment Request

### INSTRUCTIONS FOR FORM COMPLETION

This Request for Payment is specifically for Training Grants. Payments cannot be requested until the training has been completed. Acumen must have a W-9 on file prior to any payment to a vendor. A Vendor cannot be paid if their name shows up on the List of Excluded Individuals and Entities (LEIE) that is published by the Attorney General. The Training Grant Approval Letter must be sent in with the Request for Payment.

- Employer/Authorized Representative Reimbursement (reimbursement for goods and services that have been paid for) – Acumen must have a Social Security Number (SS#) on file prior to any reimbursement or payment made. A person cannot be paid if their name shows up on the List of Excluded Individuals and Entities (LEIE) that is published by the Attorney General.

#### Form Instructions for Authorized Reps/Employers

1. Participant Name: Person receiving funding through the waiver.
2. Last 4 digits of the Participant's SSN.
3. Employer/Authorized Rep Name: Person enrolled with Acumen as the employer or Authorized Representative.
4. Month/Year: Month and year form is submitted.
5. Payment Instructions: Mark if this request is a reimbursement payment to the Employer/Authorized Rep or a payment to a Vendor (agency business).
6. Make Check Payable to: Business name or individual name who is being paid/reimbursed.
7. Vendor Payment - FEIN or Reimbursement - SS#: The business or agency Federal Employer Identification Number on the W-9 or the Social Security Number for the person being reimbursed.
8. Business Name if different than: Enter name of business if different from the name entered in field # 6.
9. Address: Street address of Business/Agency or individual being reimbursed.
10. City/State/Zip: City, State, Zip code of Business/Agency or individual being reimbursed.
11. Invoice/Service Date: Date of service on the invoice, or date on invoice that goods were purchased.
12. Service Code: Training Grant has been prefilled.
13. Description: List all items or services approved by your Training Grant Application you are submitting for payment/reimbursement.
14. Total amount for items listed on each line.
15. Check amount: The total of all items listed. This will be the total payment/reimbursement requested.
16. Both the Authorized Rep and Targeted Case Manager must sign the Request for Payment/Reimbursement form.