

FBMS Vendor Request Form

Save and Submit

To request a new vendor or an update to an existing vendor, complete this form.

Remedy Issue ID _____

Requestor Information

Date (Enter MM/DD/YYYY)	Bureau	Request Type Routine (within 48 hrs) <input checked="" type="radio"/> Emergency (Notify VMM helodesk by phone) <input type="radio"/>
Requestor Name	Phone Number	E-mail Address

Action(s) Requested

<input checked="" type="radio"/> Create a new vendor	Manual - Non-CCR Vendors, Cashiers, Non- Federal, CCR exempt <input checked="" type="radio"/>	Foreign <input type="radio"/>	Invitational Traveler - These may be employees of one bureau but considered invitational to another <input type="radio"/>	Employee- Generally interfaced from FPPS <input type="radio"/>	Federal <input type="radio"/>	POD Vendor <input type="radio"/>
<input type="radio"/> Change						
<input type="checkbox"/> Link to corresponding customer						
<input type="checkbox"/> Vendor needed in Prism Contracts	Indian Tribal Identifier <input type="text"/>					
<input type="checkbox"/> Vendor needed in Prism Grants						
<input type="checkbox"/> Vendor needed as Real Estate Business Partner						

Vendor Information

Last Name (Business Name)	First Name	Middle Initial
Address		
City	State	Postal Code
Country United States		

Vendor Contact for Request

Name	Phone	E-mail Address
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Business Information

Social Security Number (DO NOT ADD DASHES OR SPACES)	Taxpayer Identification Number (DO NOT ADD DASHES OR SPACES)
DUNS	<input type="checkbox"/> CASHIER

Financial Institution Information

<input type="checkbox"/> Select if Bank Data is not required or do not select if Bank Data is required (for refunds, etc.)	Bank Name	ABA Number	Account Number	Account Type <input checked="" type="radio"/> Checking <input type="radio"/> Saving
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Wire or International Banking Information

Alternate Payment Method <input type="text"/>
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