

FBMS Vendor Request Form

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) [Redacted] | Bureau FWS [Redacted] | Request Type Routine (within 48 hrs) <input type="radio"/> Emergency (Notify VMM helodesk by phone) <input checked="" type="radio"/> | |
| Requestor Name Virginia Takang [Redacted] | | Phone Number (703) 358-2543 [Redacted] | E-mail Address virginia_takang@fws.gov [Redacted] |

Action(s) Requested

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

Vendor Information

| | | |
|---|-------------------------------|------------------------------|
| Last Name (Business Name) [Redacted] | First Name [Redacted] | Middle Initial [Redacted] |
| Address [Redacted] | | |
| City [Redacted] | State Minnesota [Redacted] | Postal Code [Redacted] |
| Country United States | | |

Vendor Contact for Request

| | | |
|--------------------|---------------------|------------------------------|
| Name [Redacted] | Phone [Redacted] | E-mail Address [Redacted] |
|--------------------|---------------------|------------------------------|

1099 Information

| |
|---|
| 1099 Eligible? <input type="checkbox"/> |
|---|

Business Information

| | | |
|--|---------------------------------------|--------------------------------------|
| Social Security Number [Redacted] | ASAP Recipient ID (ASAP vendors only) | <input type="checkbox"/> ASAP Waiver |
| Taxpayer Identification Number [Redacted] | DUNS | |

Financial Institution Information

| | | | | |
|---|-------------------------|--------------------------|------------------------------|--|
| <input type="checkbox"/> Waiver from EFT/ACH? | Bank Name [Redacted] | ABA Number [Redacted] | Account Number [Redacted] | Account Type <input checked="" type="radio"/> Checking <input type="radio"/> Saving |
|---|-------------------------|--------------------------|------------------------------|--|

Other Special Instructions

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