

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)	Bureau USGS	Request Type Routine (within 48 hrs) <input type="radio"/> Emergency (within 2hrs) <input checked="" 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 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"/>
<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)	First Name	Middle Initial
Address		
City	State Texas	Postal Code
		Country United States

Vendor Contact for Request

Name	Phone	E-mail Address
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1099 Information

1099 Eligible? <input type="checkbox"/>	
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Business Information

Social Security Number	ASAP Recipient ID (ASAP vendors only)
Taxpayer Identification Number	DUNS

Financial Institution Information

<input type="checkbox"/> Waiver from EFT/ACH?	Bank Name	ABA Number	Account Number	Account Type <input checked="" type="radio"/> Checking <input type="radio"/> Saving
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Other Special Instructions

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