Unified Financial Management System (UFMS)

UFMS Instructions for completing UFMS Vendor Request Form

☐ *New* ☐ *Update* ☐ *Deactivate*

Instructions on completing this form are on the second page. Fields outlined in "RED" are required.

2. **Is the vendor required to register in SAM (Y/N)?***		3. **If not, what is the exemption** (i.e. Employee, Foreign vendor, etc):	

*If the vendor is required to register in SAM, please have them do so before completing this form. SAM Registration exceptions can be found in FAR 4.1102. The assumption is that the SAM information is valid. If the information currently listed at SAM.gov or in UFMS is incorrect, then the vendor should be contacted to be updated their SAM information directly at SAM.gov

If the vendor is not required to register, please complete all fields on this request.

USDOJ Component Information

4. **Date of Request:** (MM/DD/YY)		5. **Requesting Component:**	
6. **Component Contact:** (Can not be the same as the vendor)		7. **Office Phone No.:**	
8. **Purpose of Request**			
9. **UFMS Security Org:**		10. **Vendor Type:**	
11. **Component- Specific Justification:**			
12. **Payment Type:**		13. **Prompt Pay Type:**	

Employee/Vendor/Payee Information

14. **Vendor Name:**			
15. **DUNS Number+4:**		16. **EIN/SSN/TIN**	
17. **Street Address:**			
18. **City, State, Zip Code:**			
19. **Country:**		20. **E-mail Address:**	
21. **Vendor Phone No.:** (including area code)		22. **Fax Number:** (including area code)	
23. **Contact Name:** (Last, First, MI)		24. **NCIC/TPID Code:**	
25. **Federal Vendor Agency Locator Code (ALC):**			

Financial Institution Information

26. **Bank Name:**			
27. **Street Address:**			
28. **City, State, Zip Code:**			
29. **Country:**		30. **Bank Phone No.:**	
31. **ABA Number:**		32. **Account Number:**	
33. **Account Type:**		**ACH Format:** All vendors will be setup with CTX, Check and CCD ACH payment format	

PRIVACY ACT STATEMENT: *The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.*

WHERE TO SEND THIS FORM
Asset Forfeiture Division (AFD) third-party payment and equitable sharing vendor requests should be sent to the AFD (USMS) mailbox at AFD.ACHForms@usdoj.gov. All other vendor requests should be sent to the Marshals FSD Helpdesk at Marshals.FSDHelpDesk@usdoj.gov

JMD/UFSG – Vendor Request Form