



Unified Financial Management System (UFMS) Vendor Request **SAMPLE** Form

Fields in RED below include specific instructions to assist the user in completing their enrollment form.

Select Type of Request from Drop Down List

[Click for Detailed Instructions](#)

This field is pre-populated. No selection required.

Request Type: Date of Request: Purpose of Request:

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

Is Vendor Required to Register in SAM? These fields are pre-populated. No change required.

If No, What's the FAR Exemption?

USDOJ Component Information These fields are pre-populated. No selection required.

Requesting Component:	<input type="text" value="U.S. Marshals Service"/>	Component Contact:	<input type="text" value="HIDS.USMS@usdoj.gov"/>
Office Phone Number:	<input type="text" value="(833) 978-4350"/>	Vendor Type:	<input type="text" value="Non-Vendor (NON)"/>
UFMS Security Org:	<input type="text" value="USMS"/>	Prompt Pay Type:	<input type="text" value="Non-PromptPayAct (NONPPA)"/>
Payment Type:	<input type="text" value="PPD"/>		

Employee/Vendor/Payee Information

Vendor Name:	<input type="text" value="Enter Your Name"/>		
SSN:	<input type="text" value="SSN"/>		
Street Address:	<input type="text" value="Enter Your Address"/>		
City, State, Zip:	<input type="text" value="Enter Your City, State, Zip Code"/>	Country:	<input type="text" value="Select Country from Drop Down List"/>
Email Address:	<input type="text" value="Enter Your Email Address"/>	Phone Number:	<input type="text" value="Enter Your Contact Number"/>
Fax Number:	<input type="text" value="Optional"/>	Contact Name:	<input type="text" value="Enter Your Name"/>

Financial Institution Information

Bank Name:	<input type="text" value="Enter Bank Name"/>		
Street Address:	<input type="text" value="Enter Bank Address"/>		
City, State, Zip:	<input type="text" value="Enter Bank City, State and Zip Code"/>		
Country:	<input type="text" value="United States of America"/>	Bank Phone Number:	<input type="text" value="Enter Bank Contact Number"/>
ABA Number:	<input type="text" value="Enter the Bank Routing Number"/>	Account Type:	<input type="text" value="Select Account Type from Drop Down"/>
Account Number:	<input type="text" value="Enter Account Number of Selected Account"/>	Re-Enter Account #	<input type="text" value="Re-enter Account Number of Selected Account"/>

PRIVACY ACT STATEMENT: The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information 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.

[Submit Form](#)