

U.S. DEPARTMENT OF JUSTICE

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 <u>Request</u> from Drop Down List		Click for Detailed Instructions		This field is not normalized. No selection required
Request Type:	Down List This field is pre-populated. No selection required. Date of Request: Select Date Purpose of Request: Judicial Security - HIDS Reimbursement			
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? No These fields are pre-populated. No change required.				
If No, What's the FAR Exemption? Refund Vendor				
USDOJ Component Information These fields are pre-populated. No selection required.				
Requesting Component:	U.S. Marshals Service		Component Contact	t: HIDS.USMS@usdoj.gov
Office Phone Number:	(833) 978-4350		Vendor Type:	Non-Vendor (NON)
UFMS Security Org:	USMS			
Payment Type:	PPD		Prompt Pay Type:	Non-PromptPayAct (NONPPA)
Employee/Vendor/Payee Information				
Vendor Name:	Enter Your Name			
SSN:	SSN			
Street Address:	Enter Your Address			
City, State, Zip:	Enter Your City, State, Zip Code		Country:	Select Country from Drop Down List
Email Address:	Enter Your Email Address		Phone Number:	Enter Your Contact Number
Fax Number:	Optional		Contact Name:	Enter Your Name
Financial Institution Information				
Bank Name:	Enter Bank Name			
Street Address:	Enter Bank Address			
City, State, Zip:	Enter Bank City, State and Zip Code			
Country:	United States of America		Bank Phone Numbe	er: Enter Bank Contact Number
ABA Number:	Enter the Bank Routing Number		Account Type:	Select Account Type from Drop Down
Account Number:	Enter Account Number of Selected Account		Re-Enter Account #	# 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