Department of Veterans Affairs

FMS VENDOR FILE REQUEST FORM

☐ NEW ☐ UPDATE

VA FACILITY INFORMATION

STATION NUMBER
516

STATION CONTACT
Fiscal.FiscalCorporateMailbox@va.gov

STATION PHONE NUMBER
727-398-6661 x12201

STATION FAX NUMBER
(727) 299-6715

STATION EMAIL ADDRESS
Fiscal.FiscalCorporateMailbox@va.gov

PAYEE/VENDOR TYPE *(Select one)*

☐ C - COMMERCIAL
☐ E - EMPLOYEE
☐ I - INDIVIDUAL/HONORARIUM
☐ V - VETERAN
☐ F - FEDERAL AGENCY
FACTS ID ☐☐☐
☐ O - FOREIGN
☐ A - AGENT CASHIER
☐ U - UTILITY

MISCELLANEOUS ACTIONS *(Select One)*

☐ WINRS
☐ BILL OF COLLECTIONS
☐ ALAC/LGY ACCOUNT#
☐ ASSIGNMENT *(All applicable documents)*
☐ SETTLEMENT/TORT

PAYEE/VENDOR INFORMATION

☐ COMMERCIAL VENDOR REGISTERED IN SAM.GOV *(Required LAW FAR 4.1102)*

DUNS NUMBER

DUNS+4

SSN/TIN

NPI

☐ SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SB IN SAM OR FURNISH SBA CONFIRMATION

VENDOR NAME

DBA

CONTACT

EMAIL ADDRESS

PHONE NUMBER

CURRENT ADDRESS *(Include Street, City, State, and Zip Code)*

PREVIOUS ADDRESS *(Include Street, City, State, and Zip Code)*

EFT/ACH *(Required LAW 31 CFR part 208)*

BANK NAME

BANK ADDRESS *(Include Street, City, State, and Zip Code)*

NINE-DIGIT BANK ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE
☐ CHECKING ☐ SAVINGS

PAYEE/VENDOR PRINTED NAME & TITLE

SIGNATURE

NORMAL PROCESSING TIME IS 3-5 BUSINESS DAYS. WE DPO NOT ACCEPT INVOICES