Department of Veterans Affairs

FMS VENDOR FILE REQUEST FORM

☐ NEW ☐ UPDATE

VA FACILITY INFORMATION

STATION NUMBER
501

STATION CONTACT
Erica Perry-Johnson

STATION PHONE NUMBER
(505)265-1711x3816

STATION FAX NUMBER
(

STATION EMAIL ADDRESS
Erica.Perry-Johnson@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/TORTS

FOR QUESTIONS REGARDING THIS FORM:
NVF CONTACT INFORMATION:

NATIONWIDE VENDOR FILE CUSTOMER SERVICE:
EMAIL: VAFSCVENDOT@VA.GOV

FOR ALL OTHER INQUIRIES:

CUSTOMER CARE CENTER: 1-877-353-9791
STATION CARE CENTER: 1-866-372-1141

SUBMIT ALL DOCUMENTATION VIA:
SECURE FAX: 512-460-5221

PAYEE/VENDOR INFORMATION

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

DUNS NUMBER

DUNS+4

SSN/TIN

NPI

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

VENDOR NAME

DBA

CONTACT

EMAIL ADDRESS

PHONE NUMBER
(

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

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

EFT/ACH ***(Required IAW 31 CFR Part 208)***

BANK NAME

BANK ADDRESSS *(Include 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 DO NOT ACCEPT INVOICES