



U.S. DEPARTMENT OF JUSTICE

Unified Financial Management System (UFMS) Vendor Request Form

This form must be electronically filled out, no handwritten forms will be accepted

1. Request Type:

2. Is Vendor Required to Register in SAM?

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.

3. If No, What is the FAR Exemption?

USDOJ Component Information

4. Date of Request: 5. Requesting Component:

6. Component Contact: 7. Office Phone Number:

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.

17. Street Address:

18. City, State, Zip:

19. Country: 20. Email Address:

21. Vendor Phone Number: 22. Fax Number:

23. Vendor Contact: 24. NCIC/TPID Code:

25. Federal Government Agency Location Code (ALC):

Financial Institution Information

26. Bank Name:

27. Street Address:

28. City, State, Zip:

29. Country: 30. Bank Phone Number:

31. ABA Number:

33. Account Type: 32. Account Number:

Re-Enter Account Number:

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.



Instructions for Asset Forfeiture Vendors

- Box 1. Request Type? Review the options below:
- Enter **New** for new submissions
 - Enter **Update** to update an existing vendor with the USMS

USDOJ Component Information

- Box 4. Date of Request: Enter the **Date** the request will be submitted
- Box 8. Purpose of Request: Review the options below:
- Enter **DOJ Equitable Sharing** if a State or Local Law Enforcement Agency
 - Enter **Granted Petition Payment** if a granted petitioner
 - Enter **Return of Funds/Settlement Agreement** if a defendant or claimant
 - Enter **Granted Tort Claim Payment** if a tort claimant
 - Enter **Non-Citizen Payment** if an individual or entity without a U.S. Tax Identification Number
- Box 10. Vendor Type: Review the options below:
- Enter **State and Local (SLG)** if the purpose in Box 8 is DOJ Equitable Sharing
 - Enter **Non-Vendor (NON)** for all other purposes in Box 8
- Box 12. Payment Type: Review the options below:
- Enter **CCD** for Corporate accounts
 - Enter **PPD** for Personal accounts
 - Enter **Check** if requesting to be paid by check *If Check is selected, Boxes 17- 19 must contain a valid mailing address and Boxes 26 – 32 must remain blank*

Employee/Vendor/Payee Information

- Box 14. Vendor Name: Enter the name of the individual, business, or agency that is legally entitled to the funds
- If an attorney filling out this form on behalf of a client then enter the client's name followed "c/o [attorney's name]" (e.g., John Smith c/o Edwards Law Firm)
- Box 16. TIN/EIN/SSN: Enter the 9-digit Tax Identification Number of the individual, business, or agency that is legally entitled to the funds *Proper dash formatting is required for the TIN*
- If a business or agency then enter an EIN (e.g., 12-3456789)
 - If an individual then enter a SSN (e.g., 123-45-6789)
- Box 17. Street Address: Enter **current address**
- Box 18. City, State, Zip Code: Enter **current city, state, and zip code**
- Box 19. Country: Enter the **country** of address in Boxes 17 and 18
- Box 20. E-mail Address: Enter **e-mail address** relative to party identified in Box 14
- Box 21. Vendor Phone No.: Enter **phone number** relative to party identified in Box 14
- Box 22. Fax Number: Enter **fax number**, if available, relative to party identified in Box 14
- Box 23. Contact Name: Enter the **name of the point of contact** relative to Box 14
- Box 24. NCIC/TPID Code: Review the options below:
- Enter the National Crime Information Center (NCIC/ORI) Code if the purpose in Box 8 is DOJ Equitable Sharing (e.g., TX1234567)
 - Enter the **CATS Party ID Number** for all other purposes in Box 8 *This number is 6-10 digits long and is typically conveyed in the subject of the correspondence instructing you to complete the UFMS Vendor Request Form. Please contact the Agency that instructed you to complete this form if you cannot locate this number.*

Financial Institution Information

- Box 26. Bank Name: Enter the **name of the bank** where funds are to be transferred
- Box 27. Street Address: Enter the **address for the bank** in Box 26
- Box 28. City, State, Zip Code: Enter the **city, state, and zip code for the bank** in Box 26
- Box 30. Bank Phone No.: Enter the **phone number** for the bank in Box 26
- Box 31. ABA Number: Enter the 9-digit **routing number for the bank** holding the account where funds are to be transferred
- Box 32. Account Number: Enter the **account number** where funds are to be transferred *The account number must be reentered in the space provided below Box 32*
- Box 33. Account Type: Enter the **account type** for the account number in Box 32 *The account type must coincide with Box 12*
- Corporate Savings
 - Corporate Checking
 - Personal Checking
 - Personal Savings

Submit completed forms via e-mail to AFD.ACHForms@usdoj.gov