

Financial Systems Modernization Solution (FSMS)

Supplier Request Form

Attention Coast Guard, TSA and CWMD members:

This form is used for FSMS Supplier Requests, Electronic Fund Transfer and Automated Clearing (ACH) payments.

Recipients of these payments should bring this information to the attention of their financial institution. **This form is for FSMS only.**

Attention Commercial Vendors:

For commercial vendors, please register your EFT/ACH information through the System for Award Management web site at this address: www.sam.gov

Email Submission Instructions:

1. Fill out Section 1 and then fill out the section that pertains to your request.
2. Add **password protection** to PDF file.
3. Email PDF file to FIN-SMB-FSMS-VendorSupport@uscg.mil
Subject: EFT/ACH Form (Last name).
4. Email the **password** to FIN-SMB-FSMS-VendorSupport@uscg.mil
Subject: Additional Information (Last name).

Note: Two emails are required. The **password protected** PDF and the **password** must be sent separately.

Include your last name in the subject line of both emails.

For any questions/assistance please email: FIN-SMB-FSMS-VendorSupport@uscg.mil

Privacy Act Statement

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected 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 member's financial institutions. Failure to provide the requested information may delay or prevent the receipt of payments.

AGENCY INFORMATION	
FEDERAL PROGRAM AGENCY COAST GUARD FINANCE CENTER	AGENCY IDENTIFIER USCG
ADDRESS 1430 KRISTINA WAY	CITY, STATE, POSTAL CODE CHESAPEAKE, VA, 23326
CONTACT PERSON CUSTOMER SERVICE	TELEPHONE NUMBER (757) – 523 – 6940

Section 1

THE FOLLOWING FIELDS ARE REQUIRED		
** VENDOR TYPE:		
** AGENCY:	USCG	TSA CWMD
** THIS FORM IS BEING SUBMITTED BY THE:	Payee (Self)	On Behalf of Payee
SUBMITTER'S NAME:	SAME AS BELOW	
SUBMITTER'S TELEPHONE NUMBER:	SAME AS BELOW	
SUBMITTER'S EMAIL ADDRESS:	SAME AS BELOW	
This information will expedite processing this request should we need any additional information.		

Section 2

TRAVELER'S PAYEE INFORMATION		
NAME	SSN OR TAXPAYER NO.	Re-Enter
ADDRESS		
CITY	STATE	POSTAL CODE
PHONE NUMBER	DATE	
EMAIL ADDRESS	Re-Enter	
TYPE OF TRAVELER	IMMEDIATE	INVITATIONAL
BANK NAME		
ROUTING TRANSIT NUMBER (9 DIGIT NUMBER)		
DEPOSITOR ACCOUNT NUMBER		
TYPE OF ACCOUNT	CHECKING	SAVINGS
IS THIS ACCOUNT THE SAME AS THE TRAVELER'S PAYROLL ACCOUNT?	YES	NO
TSA TRAVELER MUST ENTER SPONSOR/BENEFITTING ORG		

Section 3

TRAVELER'S GOVERNMENT ISSUED CREDIT CARD INFORMATION (IF APPLICABLE)
ACCOUNT NUMBER

Section 4

USCG AUXILIARY BANKING INFORMATION (USCG ONLY)		
COAST GUARD – AUXILIARY – ALC 70060000 MUST ENTER AUXILIARIST MEMBER ID		
NAME	SSN OR TAXPAYER NO.	Re-Enter
ADDRESS		
CITY	STATE	POSTAL CODE
PHONE NUMBER	DATE	
EMAIL ADDRESS	Re-Enter	
BANK NAME		
ROUTING TRANSIT NUMBER (9 DIGIT NUMBER)		
DEPOSITOR ACCOUNT NUMBER		
TYPE OF ACCOUNT	CHECKING	SAVINGS

Section 5

TSA SETTLEMENT BANKING INFORMATION		
NAME		
ADDRESS		
CITY	STATE	POSTAL CODE
PHONE NUMBER	DATE	
EMAIL ADDRESS		Re-Enter
BANK NAME		
ROUTING TRANSIT NUMBER (9 DIGIT NUMBER)		
DEPOSITOR ACCOUNT NUMBER		
TYPE OF ACCOUNT	CHECKING	SAVINGS
REQUEST TO BE PAID BY CHECK		

Section 6

SAM VENDOR INFORMATION
Provide DUNS and Vendor Name as it shows in System for Award Management (SAM) in the ServiceNow request and the supplier will be established with all information as it is in SAM.
NAME
DUNS NUMBER or UEI NUMBER
DUNS PLUS 4 (If Different Than Default '0000')
CAGE CODE

Section 7

FEDERAL VENDOR INFORMATION		
Provide Federal Agency Name and ALC in a ServiceNow request and the vendor team will establish the federal entity with the information as captured on the Treasury ALC listing. If a new site needs to be created under an existing Federal Agency in FSMS that data should be included in the ServiceNow ticket and if the site will have a different ALC than the header Federal Agency then that should be noted in the ServiceNow ticket.		
ALC		
NAME		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY	STATE	POSTAL CODE
POINT OF CONTACT		PHONE NUMBER

Section 8

FOREIGN NON-SAM VENDOR INFORMATION		
NAME		
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY	STATE	POSTAL CODE
ADDITIONAL INFORMATION		

Section 9

NON-SAM & NON-FEDERAL VENDOR INFORMATION (Provide Reason in Comments Below)		
NAME		
U.S. ADDRESS LINE 1		
U.S. ADDRESS LINE 2		
CITY	STATE	POSTAL CODE
COMMENTS		