

# 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](http://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](mailto:FIN-SMB-FSMS-VendorSupport@uscg.mil)  
Subject: EFT/ACH Form (Last name).
4. Email the **password** to [FIN-SMB-FSMS-VendorSupport@uscg.mil](mailto: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](mailto: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 <b>COAST GUARD FINANCE CENTER</b>	AGENCY IDENTIFIER <b>USCG</b>
ADDRESS <b>1430 KRISTINA WAY</b>	CITY, STATE, POSTAL CODE <b>CHESAPEAKE, VA, 23326</b>
CONTACT PERSON <b>CUSTOMER SERVICE</b>	TELEPHONE NUMBER <b>(757) – 523 – 6940</b>

### Section 1

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

## Section 2

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

## Section 3

<b>TRAVELER'S GOVERNMENT ISSUED CREDIT CARD INFORMATION (IF APPLICABLE)</b>
<b>ACCOUNT NUMBER</b>

## Section 4

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

## Section 5

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

## Section 6

<b>SAM VENDOR INFORMATION</b>
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.
<b>NAME</b>
<b>DUNS NUMBER or UEI NUMBER</b>
<b>DUNS PLUS 4 (If Different Than Default '0000')</b>
<b>CAGE CODE</b>

## Section 7

<b>FEDERAL VENDOR INFORMATION</b>		
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.		
<b>ALC</b>		
<b>NAME</b>		
<b>ADDRESS LINE 1</b>		
<b>ADDRESS LINE 2</b>		
<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>
<b>POINT OF CONTACT</b>		<b>PHONE NUMBER</b>

Section 8

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

Section 9

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