

Library of Congress - Vendor Survey

LC ORIGINATING OFFICE	LC CONTACT PERSON NAME	TELEPHONE NO. ()	DATE
INSTRUCTIONS: The Debt Collection Improvement Act of 1996 requires Federal agencies to pay individual and corporate vendor invoices through Electronic Fund Transfer (EFT) after July 26, 1996. The following information is required by the Library of Congress to enable a form of EFT payment called Automated Clearing House (ACH). The information will be kept in an automated vendor database and used only for official Library business. Mail or FAX this survey to the Library of Congress as soon as possible. Keep a copy of this form for your files and notify the Library if changes occur. See verso for additional information. The Library of Congress maintains an Internet site that provides information regarding the status of vendor invoices, invoice payments, and other transactions at: http://lcweb.loc.gov/fsd		MAIL TO: Library of Congress Contracts and Logistics Services Attn: Automation Coordinator 101 Independence Ave, SE Washington DC 20540-9411 OR FAX TO: 202-707-8611	

VENDOR CODE _____	<ul style="list-style-type: none"> • Corporations or partnerships use Federal Taxpayer Identification Number (TIN). • Independent contractors or sole proprietors use Social Security Number (SSN). • Foreign firms without TIN, do not enter number. The Library of Congress will assign number.
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TYPE OF BUSINESS			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor or Independent Contractor	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Government Agency	<input type="checkbox"/> University		

VENDOR NAME	ALTERNATE NAME (<i>doing business as</i>)
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ORDERING ADDRESS LINE 1 (<i>P.O. Box, or Number and Street</i>)	ORDERING ADDRESS LINE 2 (<i>Building, Suite, etc.</i>)
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CITY	STATE	ZIP CODE	COUNTRY
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TELEPHONE NUMBER ()	FAX NUMBER ()	CEC/DUNS NO. (<i>9 digit contractor establishment code</i>)
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e-mail ADDRESS

CONTACT NAME	TELEPHONE NUMBER ()	TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Financial <input type="checkbox"/> Other
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BUSINESS STATUS (*Check all appropriate blocks*)

<input type="checkbox"/> 1. Small Disadvantaged Business	<input type="checkbox"/> 7. Other Nonprofit Organization	<input type="checkbox"/> 13. Federal Government - Within Bureau
<input type="checkbox"/> 2. Other Small Business	<input type="checkbox"/> 8. State/Local Government Education	<input type="checkbox"/> 14. Foreign Contractor
<input type="checkbox"/> 3. Large Business	<input type="checkbox"/> 9. State/Local Government Hospital	<input type="checkbox"/> 15. Domestic Contractor
<input type="checkbox"/> 4. Sheltered Workshop	<input type="checkbox"/> 10. Other State/Local Government	<input type="checkbox"/> 16. Woman Owned Business
<input type="checkbox"/> 5. Nonprofit Educational Organization	<input type="checkbox"/> 11. Federal Government - Non Dept.	<input type="checkbox"/> 17. Minority Owned Business
<input type="checkbox"/> 6. Nonprofit Hospital	<input type="checkbox"/> 12. Federal Government - Within Dept.	<input type="checkbox"/> 18. Emerging Small Business

ACH FINANCIAL INSTITUTION INFORMATION (See Verso)

FINANCIAL INSTITUTION NAME	ROUTING TRANSMIT NUMBER
ACCOUNT NUMBER	TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings
CITY	STATE ZIP CODE
ACCOUNT TITLE (<i>if different from vendor name</i>)	

CERTIFICATION OF SURVEY DATA

I understand that the Library will make payments by ACH and have provided ACH financial institution information.

NAME	TITLE/POSITION	TELEPHONE NUMBER ()
SIGNATURE	DATE	

FOR LIBRARY OF CONGRESS USE ONLY

C&L: INPUT BY	DATE	DATE ROUTED TO FSD	VIA <input type="checkbox"/> Mail - FSD/AD/AOS (9112) <input type="checkbox"/> Fax - x74261		
FSD/AD: V TYPE	ISSUE IRS FORM 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No	INPUT BY	DATE	REVIEWED BY	DATE

ACH ACCOUNT INFORMATION

ROUTING TRANSIT NUMBER (financial institution 9-digit routing transit number)

ACCOUNT NUMBER (account number at financial institution)

ACCOUNT TITLE (the vendor/employee/consultant's name on the account at the financial institution)

FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

3
ACCOUNT TITLE

NAME OF VENDOR/EMPLOYEE/CONSULTANT
STREET ADDRESS
CITY, STATE, ZIP CODE

PAY TO THE ORDER OF: _____ \$ 19
DOLLARS

4 NAME OF BANK
5 Payable Through Another Bank

For _____

⑆021001082⑆

ROUTING NUMBER
1

123 456 789 #

ACCOUNT NUMBER
2

0101

CHECK NUMBER

1. ROUTING TRANSIT NUMBER - Here you would put 021001082. No spaces or other punctuation are required by the Library.

2. ACCOUNT NUMBER - Here you would put 123456789. No spaces or other punctuation are required by the Library.

3. ACCOUNT TITLE - Must include vendor/employee/consultant's name.

4. FINANCIAL INSTITUTION NAME

5. If check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for ACH processing.