| FMMI **Vendor** Interim Preapproval Vendor Request (PVND) |
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| This form is valid through November 2010 |

### FAX to 504-426-9763

Questions about this form and the interim FMMI PVND process may be directed to
the Table Management Inquiry Line at 504-426-5377

| | | | |
|---|---|---|---|
| Requestor Name | | | |
| Self-Tracking Reference Number | | | |
| Requestor E-mail | | | |
| Requestor Phone | | Request Date | |
| USDA Agency | | | |
| Action Requested | _____ ADD | _____ CHANGE | _____ BLOCK |
| Vendor Code (for changes and blocks): | | | |
| GovTrip Pseudo | | | |

| **Vendor Account Groups** (Check Only One) | |
|---|---|
| _____ ZEMP (Z2) – EMPLOYEES | _____ ZNFV (Z1) – Non-Federal Vendors |
| _____ ZFDN (Z3) – Federal Non-USDA Vendors | _____ ZFDU (Z4) – Federal USDA Vendors |
| _____ ZSAL (Z5) – State and Local Government | _____ ZFOR (Z6) – Foreign Vendors |
| _____ ZTPA (Z7) – Non-Federal 3rd Party Assignee | _____ ZINT  (Z2) – Invitational Traveler |
| _____ ZPFD (Z8) – Producers | _____ ZSET (Z2) – Settlement and Injuries |

| | |
|---|---|
| Vendor Name | |
| DBA Name | |
| Street Address 1 | |
| Street Address 2 | |
| Zip | |
| City | |
| Country | |
| State | |
| Vendor Contact Name | |
| Vendor Contact Phone | |
| SSN | TIN |

| **Industry** – Required for ZNFV Non-Federal Vendors Account Group (Check Only One) | |
|---|---|
| _____ Z001 – Commercial/Consumer | _____ Z004 – Permits |
| _____ Z002 – Sovereign | _____ Z003 – Non-Profit Entity |

| **Banking Information** | | |
|---|---|---|
| Bank Name | | |
| Routing Number | | |
| Account Number | | |
| Bank Account Type (Check Only One) | ____ Checking | ____ Savings |

| **Waiver Code** (When EFT Is Not Used) | | | |
|---|---|---|---|
| ____ **01** No Bank Account | ____ **02** Hardship | ____ **03** Foreign Entity | ____ **04** Disaster Area |
| ____ **05** Military Ops | ____ **06** National Security | ____ **07** One-Time Payment | ____ **08** Emergency Payment |
| ALC (Required for Federal Vendors) | | | |

| **Comments** |
|---|
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**Instructions for Completing FMMI Vendor Interim Preapproval Vendor Request (PVND)**

Complete the blocks as indicated.  Print and fax the completed form to 504-426-9763.
For questions about this form and the interim FMMI PVND process,
contact the Table Management Inquiry Line at 504-426-5377.

| | |
|---|---|
| Requestor Name | Enter the name of the person submitting the request. |
| Self-Tracking Reference Number | Enter a self-designated reference number for personal tracking.  This number will be referenced on the e-mail notification upon completion of your request.  No PII (Personally Identifiable Information) will be transmitted via the internet. |
| Requestor E-mail | Enter the e-mail address of the person submitting the request.  An e-mail notification will be sent to this e-mail address upon completion of request.  It is important that the new Vendor code be to the requestor.  Vendor codes in FMMI do not contain the SSN or TIN. |
| Requestor Phone | Enter the telephone number and extension of the person submitting the request to be used as backup to e-mail communications. |
| Request Date | Enter the date of the request. |
| USDA Agency | Enter the name of the agency requesting the action.  This is typically the requestor's agency, unless the requestor is cross servicing. |
| Action Requested | 1. Check **Add** to request a new record.<br>2. Check **Change** to modify an existing FMMI vendor record.  Be sure to provide the Vendor Code in the Vendor Code field.<br>3. Check **Block** to inactivate a vendor record.  Be sure to provide the Vendor Code in the Vendor Code field. |
| Vendor Code | Enter the **FMMI** Vendor code for existing records only.  DO NOT ENTER AN FFIS VENDOR CODE HERE.  Use this field only when a **Change** or **Block** is requested. |
| GovTrip Pseudo | Enter the GovTrip pseudo code for employee and non-employee travelers. |
| Vendor Account Groups | Check the appropriate account group.  Check only one. |
| Vendor Name | Enter the vendor's legal name.  This will be used to TIN match with IRS. |
| DBA Name | Enter the vendor's Doing Business As name. |
| Street Address 1 | Enter the first line of vendor's address. |
| Street Address 2 | Enter second line of vendor's address. |
| Zip | Enter the ZIP code. |
| City | Enter the city. |
| Country | Enter the country. |
| State | Enter the Postal Service two-letter state abbreviation. |
| Vendor Contact Name | Enter the name of the vendor's point of contact. |
| Vendor Contact Number | Enter the phone number of the vendor's point of contact. |
| SSN/TIN | In FMMI, there are separate fields for Social Security Number (SSN) and Taxpayer Identification Number (TIN).  Enter the vendor's SSN **OR** TIN, as appropriate. |
| Industry | Check the appropriate industry code.  This is required only if the ZNFV Account Group is checked. |
| Bank Name (Optional) | Enter the name of the vendor's financial institution. |
| Routing Number | Enter the routing number of the vendor's financial institution. |
| Account Number | Enter the vendor's financial institution account number. |
| Bank Account Type | Check Savings or Checking.  Check only one. |
| Waiver Code | Check the appropriate waiver code when electronic funds transfer is not used. |
| ALC | Enter the Agency Location Code for Federal vendors. |
| Comments | Enter a brief explanation of your request. |