

APHIS, VS BSE PAYMENT REQUEST

Animal Health Protection Act (Sec. 10409 authority for payment). This form must be accompanied with appropriate forms, invoices, and/or receipts. Payments should only be made monthly to vendors.

Email this the request to:

fost@aphis.usda.gov

Date of Request (today's date):

Agency and Unit: USDA, APHIS, VS

Contact Name:

Contact Phone Number:

FMMI Shorthand Code:

Fund:

Cost Center:

Functional Area:

WBS (when applicable):

Budget Period:

BOC:

Payment Amount:

FMMI Number:

Vendor Tax Identification Number (TIN):

(Social Security Number or Employer Identification Number)

***Electronic Funds Transfer (EFT) Information:**

ABA (routing) # :

Account Type (circle one): **Checking / Savings**

Account # :

Vendor Payment Name:

Vendor Payment Address (unless different from invoice):

Vendor Payment City, State, Zip Code (unless different from invoice):

"I certify that the invoice has been reviewed, falls under existing VS BSE cost guidance, and certified correct for payment."

Approving Official Signature:

Comments: Goods and services have been received, accepted, and approved for payment. Please pay for the following samples/disposals:

*EFT payments are required with few exceptions. No need to supply EFT information if you have supplied this in previous "APHIS, VS BSE Payment Request" forms. **FOR OFFICIAL USE ONLY.**