



Optional FMMI Obligation/Payment Request Cover Sheet 

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Attach all supporting documents (i.e. invoice, agreement, contracts, etc.).
Ensure all supporting documents, which require signatures, are appropriately signed.

Agency	APHIS	GIPSA	AMS	FAS
If APHIS, Program	PPD	CREC	BRS	MRPBS
	LPA	IS	AC	WS
	PPQ	VS	OA	
	Other _____			
Type of Request	Obligation Deobligation		Modification Payment	
Date of Request				
Name of Requestor				
Requestor Phone Number				
FMMI Vendor Number (if known)				
Vendor Name				
Vendor Street Address				
Vendor City and State				
Vendor Zip Code				
Is this a new vendor, or has the vendor's banking information changed?	Yes	No		
	If yes, please complete and attach the ACH vendor form at the following link: http://www.aphis.usda.gov/mrpbs/fmd/payments_etf.shtml			
Date Good or Services Were Received (payment requests only) 				
Amount (this is the total amount of the payment/obligation)				
Funds Reservation/Commitment Number (FAS Only)				
Fund 				
Fund Center/Cost Center				
Functional Area				
WBS Element/Funded Program				
Budget Period				
BOC				
Additional Information 				