

VENDOR SET-UP REQUEST CHECKLIST

The following forms must be completed and submitted to BCA USVI Third Party Fiduciary Accounts Payable Department in order for a vendor to be added to the VIDE master vendor file in the Federal MUNIS system.

- Vendor Maintenance Form
- Vendor W-9 Form
- Electronic Funds Transfer (EFT) Vendor banking information Form
- Copy of voided check or deposit slip
- Copy of verification of Vendor records printed from the System for Award Management (SAM).
<https://www.sam.gov/>
- Copy of the Vendor Current Business License

Please send the signed and dated completed forms in one of the following manners:

Email a PDF copy to:

USVI@BAZILIOCOBB.COM

Or

Mail via US Postal Service to:

BCA Third Party Fiduciary
PO Box 6765, St. Thomas, VI 00804

Send PDF of this form to usvi@baziliocobb.com

VENDOR MAINTENANCE FORM

<p>The following 4 documents must accompany a "Request for New Vendor" and "Request to update Vendor Record." Failure to provide this support will result in a delay in the vendor receiving payment or Vendor Maintenance.</p> <p>(1) W-9 Form (2) ACH Form (3) Business License (4) SAM records</p>	<p align="center"><i>Please select one:</i></p>
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New Vendor Number: _____ (Internal Use Only) **Vendor Number (Updating Vendor Record):** _____

NEW VENDOR INFORMATION

Vendor Name (as it appears on the W-9): _____

Vendor doing Business As (DBA): _____

Vendor EIN/Tax ID/SS#: _____ **Vendor Type:**

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

EFT Notification Email : _____

EFT Contact Name: _____

Purchase Order Notification Email: _____ **Vendor requires 1099?**

Purchase Order Contact Name: _____ **Yes** **No**

UPDATING VENDOR INFORMATION

Previous Vendor Information		New Vendor Information	
Vendor Name:		Vendor Name:	
Vendor DBA:		Vendor DBA:	
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
EFT Email:		EFT Email:	
EFT Contact Name:		EFT Contact Name:	
PO Email:		PO Email:	
PO Contact Name:		PO Contact Name:	

Requested By: _____ Signature: _____ Date: _____

For Internal Use

Completed By: _____ Signature: _____ Date: _____

**ACH/ELECTRONIC PAYMENTS VENDOR REQUEST FORM
(AR 33)**

*This form is used to process or update a vendor file record to allow for ACH/Electronic payments.
A copy of a voided check must be included with this form.*

Section A: (To Be Completed By Vendor)

Vendor Name: _____

Vendor Contact Name: _____

Vendor Email: _____

Vendor EIN/SS Number: _____

Bank Name: _____

Bank Street Address: _____

Bank City/State/Zip: _____

Bank Contact Name: _____

Bank Telephone: _____

Bank Account Number: _____

Account Type:

Routing Number: _____

Signature: _____

Date: _____

SECTION B: (To Be Completed by BCA Vendor Management Personnel)

MUNIS Vendor Number: _____

Date Request Received: _____

Comments:

Request Processed By: _____

Title: _____

Signature: _____

Date: _____

*Please send completed form in PDF format to usvi@baziliocobb.com
This form **must always be accompanied by** a vendor maintenance form (AR10)*