

VENDOR CODE INFORMATION WORKSHEET

(Internal Use Only)
 FSH 6509.11K, § 56.16

The information on this form is requested under the provisions of 31 U.S.C. 3325 and 31 U.S.C 3332, for the purpose of disbursing Federal money. Disclosure of the information is mandatory; failure to furnish information will delay payment. See instructions on Page 2.

Section A. Vendor Information

1. Taxpayer Identification No. 81-0479209	2. DUNS+4 005339598	3. Vendor Code (for Updates) 3YLQ5
4. Name National Smokejuper Association	5. Contact Name Bob Beckley	
6. Address Po Box 4081	7. Contact Phone Number 406-396-2322	
8. City Missoula	9. State MT	10. Zip Code+4 59806-4081

Section B. Banking Information for Electronic Funds Transfer

1. EFT Information is provided below
 EFT Information is not needed because one or more of the below criteria apply:

- DUNS+4 is provided above and vendor is registered in CCR
- One-time payment request
- Payee is in a foreign country
- Vendor transactions are limited to Billings & Collections (if no refund will be processed)
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- Request re-activation of inactive vendor code for obligation modification only
- Request re-activation of inactive vendor code for final payment
- Payee has signed waiver statement in Section E

2. Bank Name
First Security Bank

3. Bank City Missoula	4. Bank State MT	5. Bank Zip Code+4 59806-4506
6. ABA Routing Number 92901337	7. Account Number 9076175	8. Type of Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

Section C. Request Submitted by (Forest Service use only)

1. Name	2. Region/Unit	3. Date
4. E-Mail	5. Phone Number	6. FAX Number

Section D. Explanation of Request (Forest Service use only)

1. New Vendor
 2. Change to Vendor Information
 3. Assignment of Claim
 4. Volunteer (CCR Registration not required)
 5. Other. Please explain:

Section E. EFT Exemption Certification

I certify that I am exempt from the requirement to receive payment by electronic funds transfer for the following reason:
 a) I do not have an account with a financial institution.
 b) Payment by electronic funds transfer would impose a hardship due to a physical or mental disability or a geographic, language, or literacy barrier, or would impose a financial hardship.

Signature _____ Date _____