Vendorizing Coversheet

Station#: _____ Station Contact Name: _____

Station Contact Phone#: _____ Station Contact Fax#: _____

Payee Name: _____ Contract #: _____

Is the Vendor Registered in CCR? (Choose One*) DUNS + 4: _____

YES **NO** **EXEMPT-** (please provide comments below) CAGE #: _____

Place an X or check mark beside the type of payment:

- ☐ Administrative Loan & Accounting - ALAC (I) or (C)
- ☐ Agent Cashier (C)
- ☐ Benefit (V)
- ☐ Bowel and Bladder Care Provided by Spouse (I)
- ☐ Bowel and Bladder Care Provided by Nurse (C)
- ☐ Coast Guard (B)
- ☐ Construction (C)
- ☐ CWINRS - VRE (I) or (C)
- ☐ Employee Education Payment to School (C)
- ☐ Federal Vendor (F) Required 2-digit Fed Agency Code (FACTS DEPT ID): _____
- ☐ Final Payment for Retired VA Employee (I)
- ☐ Garnishment/Child Support - REDI (C)
- ☐ Honorarium, Consultant (I)
- ☐ Insurance Refund (C)
- ☐ LGY (L) Customer Account Number Required for this type: _____
- ☐ Payment for Goods/Products (I) or (C)
- ☐ Payment for Personal Services (I)
- ☐ Payment for Professional Services (C)
- ☐ Payment for Utilities - cable, electricity, gas, phone (cell phone), waste management/trash, water/sewer (U)
- ☐ Reimbursement to VA Employee, Interviewee for Education, or Out-of-Pocket Expenses, Pcs or TDY Travel (E)
  - Update VA Employee from PAID (Choose One*) *__YES__ (must be in PAID)
  - *__NO__ (must submit 3881) *__NON VA EMP__ (must submit 3881)
- ☐ Reimbursement to Consultant, Contractor, Volunteer, or Invitational for TDY Travel (E)
- ☐ Reimbursement to OIG Employee (E)
- ☐ Reimbursement to Veteran for Travel (V)
- ☐ Research Study for Non-Veteran (I)
- ☐ Research Study for Veteran (V)
- ☐ Settlement (I) - NOTE: Call team number or email for priority handling
- ☐ Veteran Therapy - CWT or IT (V)
- ☐ Other Type of Payment (Description Required): _____

Is the payee a Small Business that should be exempt from Prompt Pay Act (Choose One)? YES NO

If YES, authorization must be provided. The name, title, and authorizing signature of the Chief Fiscal Officer or higher, or the contracting officer is required. Otherwise, a copy of the SBA certificate or CCR registration is required.

Print Name and Title: _____

Signature: _____

Comments on the requested action: _____

_____

_____

Does the payee have an Assignment with a lender (Choose One)? YES NO

If YES, Notice of Assignment and Instrument of Assignment must be provided with the request when it is faxed. There are different requirements for the SF3881 for payee's with Assignments. Refer to Station SOP on Vendorizing Submissions for requirements.

To be compliant with Federal Mandate, all vendors must submit 3881 with EFT Information.

Vendorizing Team Phone (512) 460-5049
Vendorizing Fax (512) 460-5221 or (512) 460-5239
VAFSC Vendorizing Team - vafscvendot@va.gov

Revised 051509

OMB No. 1510-0056

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment- related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
U.S. Department of Veterans Affairs - Financial Services Center		
AGENCY IDENTIFYER	AGENCY LOCATION CODE (ALC)	ACH FORMAT
111036183	36001200	☐ CCD+ ☐ CTX
ADDRESS		
P.O. BOX 149971		
Austin, TX 78714-8971		
CONTACT PERSON NAME		TELEPHONE NUMBER
Customer Support Help Desk - Vendorizing Team		1-877-353-9791
ADDITIONAL INFORMATION		
Fax completed form to (512) 460-5221		

PAYEE/COMPANY INFORMATION

NAME	SSN OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME	TELEPHONE NUMBER

FINANCIAL INSTITUTION INFORMATION

NAME	
ADDRESS	
ACH COORDINATOR NAME	TELEPHONE NUMBER
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT TITLE	LOCKBOX NUMBER
DEPOSITOR ACCOUNT NUMBER	
TYPE OF ACCOUNT	
☐ CHECKING ☐ SAVINGS	☐ LOCKBOX
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator)	TELEPHONE NUMBER

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C 332; 31 CFR 21

STANDARD FORM (SF) 3881 INSTRUCTIONS

Note: All information on the SF3881 is required. Vendorizing Coversheet must be attached at the time of submission. Any submission missing information will be returned to the sender for completion. Forms are processed in the order of receipt.

Agency Information

1 Vendor must select the preferred ACH format for direct deposit. Check the corresponding box for either CCD+ or CTX format. If no choice is made, this defaults to CCD+

Payee/Company Information

1 Name
   - A This must be the legal name for the vendor as on file with IRS.
   - B If invoice billing or remit to name is different from the legal name, also provide this name as a doing business as (DBA) name.

2 SSN or Taxpayer ID No.
   - A This must be the legal social security number (SSN), federal employee ID number (EIN), or federal taxpayer ID number (TIN)

3 Address
   - A This is the correspondence mailing address to include city, state, and zip code. Please do not abbreviate city names

4 Contact Person Name
   - A This is the name of the vendor's contact name

5 Telephone Number
   - A This is the phone number of the vendor's contact person. Please be sure to include area code. This person may be contacted by VAFSC Vendorizing Team to answer questions related to the vendor file with VA.

Financial Institution Information - VAFSC does not have wire capability. ACH Direct Deposit is used to make payments.

1 Name
   - A This is the name of the bank being used for direct deposit.

2 Address
   - A Address of bank, to include city, state, and zip code. Please do not abbreviate city names.

3 ACH Coordinator Name
   - A Banks have ACH Coordinators who can answer questions for vendors regarding the process. VAFSC does not use this name. It is for your information only.

4 Telephone Number
   - A This is the phone number of the bank or ACH Coordinator. This can be useful information if payments reject.

5 Nine-digit Routing Transit Number
   - A This number identifies the bank when direct deposits are made.
   - B This number should begin with 0, 1, 2, or 3.
   - C Take this number from a *check*, not a deposit slip.
     - 1) Deposit slip routing numbers are internal numbers for bank use only.
     - 2) If you cannot locate your routing number, contact your bank and ask for the routing number for direct deposit.

6 Depositor Account Title
   - A This is the name on the account

7 Depositor Account Number
   - A This is the account number

8 Lockbox Number
   - A Lockbox numbers are treated as checking accounts. Please include the lockbox number if there is one.

9 Type of Account
   - A Please select the type of account used (checking, savings, lockbox). Again, lockboxes are treated as checking accounts.

10 Signature and Title of Authorized Official
   - A Signature is required on all SF3881 submissions. The signature must be the owner of the account in cases of individuals or a company official (with title) in cases of companies.

11 Telephone Number
   - A This is the phone number of the individual or company official who signed the form.

Submit forms by fax to (512) 460-5221 or by mail to PO BOX 149971, Austin, TX 78714-8971