

USGVI Third Party Fiduciary

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: Or	USVI@BAZILIOCOBB.COM				
	Mail via US Postal Service to:	BCA Third Party Fiduciary PO Box 6765, St. Thomas, VI 00804				



Bazilio Cobb Associates Vendor Maintenance Form



Send PDF of this form to usvi@baziliocobb.com

The following 4 discuments must accompany or "Request for New Vendor" and "Request to applie to Vendor Name vendor Recard" support will result in daily in the restar receiving apprent or Vendor Nameneronce. (3) W-9 Form (2) ACH Form (3) Business License (4) SAM records New Vendor Number:	VENDOR MAINTENANCE FORM							
Vendor Number Vendor Type: Vendor Number Vendor Numbe					Please select one:			
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Bazilio Cobb Associates

P.O. Box 6765, St. Thomas, VI 00804



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)							
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Venaor 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:							
	B: (To Be Completed by BCA Vendor Management Person	nel)						
MUNIS Vendor Number:	Date Request Received:							
Comments:								
Request Processed By:	Title:							
Signature:	Date:							

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