ORACLE Supplier Request Form

Client: _____ Requestor:_____

Date:_____ Approver:_____

□ Add new supplier □ Change existing supplier

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. 33Z 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.

Required Information:

□ Employee □Non-employee Travel

□ Non-Federal □ Federal □ Foreign

□ Subject to Prompt Pay N-30 □ Payment Terms Immediate

Supplier Name:	
DUNS Number:	
Taxpayer ID:	
ALC (if Federal):	
Trading Partner ID: (if Federal)	
Mailing Address	
Bank Name	
Bank Routing Number (ABA):	
Bank Account Number:	
Checking/Savings:	

Optional Information:

Alternate Name:	
Telephone Number:	
Contact Info:	
E-mail Address:	
Interpreter - DCC	□ Interpreter
Supervised Visitation - DCC	□ Supervised Visitation
Pay Group	□ACH □Travel □Check □Web Voucher ACH □Web Voucher CHK

IBC Use Only:

The above information has been added/updated into Oracle and data input verified for accuracy according to procedures.

Data input by: _____ On date: _____

Passed verification by: _____ On date: _____

Verification Notes (include initials/date for each entry): _____

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