





Optional FMMI Obligation/Payment Request Cover Sheet

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Attach all supporting documents (i.e. invoice, agreement, contracts, etc.).
Ensure all supporting documents, which require signatures, are appropriately signed.

Agency	<input type="checkbox"/> APHIS <input type="checkbox"/> GIPSA <input type="checkbox"/> AMS <input type="checkbox"/> FAS
If APHIS, Program	<input type="checkbox"/> PPD <input type="checkbox"/> CREC <input type="checkbox"/> BRS <input type="checkbox"/> MRPBS <input type="checkbox"/> LPA <input type="checkbox"/> IS <input type="checkbox"/> AC <input type="checkbox"/> WS <input type="checkbox"/> PPQ <input type="checkbox"/> VS <input type="checkbox"/> OA <input type="checkbox"/> Other _____
Type of Request	<input type="checkbox"/> Obligation <input type="checkbox"/> Modification <input type="checkbox"/> Deobligation <input type="checkbox"/> Payment
Date of Request	
Name of Requestor	
Requestor Phone Number	
FMMI Vendor Number (if known)	
Vendor Name	
Vendor Street Address	
Vendor City and State	
Vendor Zip Code	
Is this a new vendor, or has the vendor's banking information changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete and attach the ACH vendor form at the following link: http://www.aphis.usda.gov/mrpbs/fmd/payments_etf.shtml
Date Good or Services Were Received (payment requests only) 	
Amount (this is the total amount of the payment/obligation)	
Funds Reservation/Commitment Number (FAS Only)	
Fund 	
Fund Center/Cost Center	
Functional Area	
WBS Element/Funded Program	
Budget Period	
BOC	
Additional Information 