

## **Instructions on Use of the VA Form 10091 for Subject Incentives (Research)**

1. On the top of the form check whether this is a new request, or an update to an existing record. To determine whether a subject already has a VA Form 10091 on file, please call (877) 353-9791 and supply customer service with the SSN of the individual to be compensated. Examples of updates include change of current address or bank information.
2. Under "PAYEE/VENDOR TYPE" check "V – VETERAN" if the Participant is a Veteran, or "I – INDIVIDUAL/HONORARIUM" for all others.
3. Enter the Participant's SSN/TIN in the "SSN/TIN" field; no dashes.
4. Under "VENDOR NAME" supply the Participant's legal name. Format: *Last, First MI*.
5. Under "EMAIL ADDRESS," "PHONE NUMBER," and "CURRENT ADDRESS" provide the Participant's unique contact information.
6. **EFT/ACH (Required LAW 31 CFR Part 208)**

New Federal mandates require payments from Federal agencies to be processed electronically. For this reason, participants must provide detailed information on the bank account for which they desire their incentives to be deposited.

  - a. Provide the Participant's "BANK NAME," "BANK ADDRESS," "NINE-DIGIT BANK ROUTING NUMBER," and "ACCOUNT NUMBER" as requested.
  - b. Specify whether the account listed is a checking or savings account by checking the appropriate box.
  - c. Type the Participant's name, no title is required.
  - d. Print the completed form and have the Participant sign in the "SIGNATURE" field.

### **7. Submission**

Once signed, the completed VA Form 10091 should be faxed to the number specified on the form, (512) 460-5221, by either the Participant or the Study Coordinator (with the Participant's approval). Alternatively, the VA Form 10091 can be attached to the initial VA Form 10-7078 subject incentive form and submitted in a secure envelope to our office (502-101; Mail code: R&D). Our staff will fax the VA Form 10091, hold until confirmation that it has been processed, and then shred the original.

# FMS VENDOR FILE REQUEST FORM

NEW	UPDATE
<b>VA FACILITY INFORMATION</b>	<b>PAYEE/VENDOR INFORMATION</b>
STATION NUMBER	COMMERCIAL VENDOR REGISTERED IN SAM.GOV <i>(Required IAW FAR 4.1102)</i>
STATION CONTACT	DUNS NUMBER
STATION PHONE NUMBER      STATION FAX NUMBER	DUNS+4
STATION EMAIL ADDRESS	SSN/TIN
PAYEE/VENDOR TYPE <i>(Select one)</i> C - COMMERCIAL E - EMPLOYEE I - INDIVIDUAL/HONORARIUM V - VETERAN F - FEDERAL AGENCY FACTS ID O - FOREIGN A - AGENT CASHIER U - UTILITY	NPI
	SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION
MISCELLANEOUS ACTIONS <i>(Select one)</i> WINRS      ASSIGNMENT <i>(All applicable documents)</i> BILL OF COLLECTIONS      SETTLEMENT/TORTS	VENDOR NAME
ALAC/LGY ACCOUNT #	DBA
<p style="text-align:center;">FOR QUESTIONS REGARDING THIS FORM:  <u>NVF CONTACT INFORMATION:</u></p> <p>NATIONWIDE VENDOR FILE CUSTOMER SERVICE:          EMAIL: <a href="mailto:VAFSCVENDOT@VA.GOV">VAFSCVENDOT@VA.GOV</a></p> <p style="text-align:center;">FOR ALL OTHER INQUIRIES:</p> <p>CUSTOMER CARE CENTER: 1-877-353-9791          STATION CARE CENTER: 1-866-372-1141</p> <p>SUBMIT ALL DOCUMENTATION VIA:          SECURE FAX: 512-460-5221</p>	CONTACT
	EMAIL ADDRESS
	PHONE NUMBER
	CURRENT ADDRESS <i>(Include Street, City, State and Zip Code)</i>
	PREVIOUS ADDRESS <i>(Include Street, City, State and Zip Code)</i>
	<b>EFT/ACH <i>(Required IAW 31 CFR Part 208)</i></b>
	BANK NAME
	BANK ADDRESS <i>(Include City, State and Zip Code)</i>
	NINE-DIGIT BANK ROUTING NUMBER
	ACCOUNT NUMBER
ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
PAYEE/VENDOR PRINTED NAME & TITLE	
SIGNATURE	

**NORMAL PROCESSING TIME IS 3 - 5 BUSINESS DAYS. WE DO NOT ACCEPT INVOICES**