

FHASL CCFC DISBURSEMENT TRANSMITTAL

Exempt from OMB approval requirements under 5 CFR 1320.3(c). HUD use only; form does not collect information from the public.

Manual Control Totals Coversheet

ACCOUNTING AREA: _____
ACTIVITY TYPE: _____

Same Day Payment Check Payment ACH Payment

GROUP IDENTIFIER	
SS TSN (Group ID):	_____
Original TSN (if resubmission):	_____
PeopleSoft Schedule Number: CMB Use Only	_____

CONTROL TOTALS	
Schedule Total:	_____
Item Count:	_____

APPROVALS	
Preparer: _____	Date: _____
Approver: _____	Date: _____
Data Entry Operator: _____	Date: _____
Certifying Officer: _____	Date: _____
Funds Control Approval: _____	Date: _____

Cash Management Branch cut off on disbursements, with the exception of “Same Day Payments” is two (2) work days prior to the end of the month.

FHASL CCFC DETAILED DISBURSEMENT TRANSMITTAL

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Detailed Payment Form Manual Disbursements

TSN (GROUP ID):	
Payment Number:	
Vendor Number:	
Vendor Location:	
Type (SDP, Check, ACH):	

INVOICE INFORMATION – payment header information	
Payment Amount:	
Invoice Number:	
Payment Date:	

REMARKS & DESCRIPTIONS– may be required by Servicing Area	
Remark 1:	HUD Claim/Case Number:
Remark 2:	
Remark 3:	
Remark 4:	
Descriptions:	
Contact Person / Phone:	
Mortgager ID:	

APPROPRIATION DISTRIBUTIONS – payment amount split by fund							
	Amount	Activity Type	Accounting Area	Fund	Program	Treasury Appropriation	Default Y / N
1							
2							
3							
4							

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Vendor Information Form

TSN (GROUP ID):	
PAYMENT NUMBER:	

VENDOR IDENTIFICATION
Vendor Number: _____
Vendor Location: _____
Vendor Add Date: _____
Added by: _____
New Vendor: _____ Change Only _____

1047 Form Attached:
(If checked, no vendor information required)

VENDOR INFORMATION – all fields required unless marked otherwise							
Vendor Name: BNF:							
Address 1:							
Address 2 (optional):							
City:		State:		Zip:		Country:	

Vendor TIN or SSN:	
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ACH/SDPR ONLY:	
ABA Routing Number:	
Bank Name:	
Bank Account Number:	
Bank Address:	
Bank Account Type: ACH Only(Checking/Savings)	

Other:	
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Prepare a separate Vendor Information Form for Joint Account Vendors

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