EMAIL FORM

Date:

CREATE VENDOR EMPLOYEE FORM

Once completed, send this form via email with both digital signature and encryption to lacceetta.beck@navy.mil

This form will be used to add SPAWARSYSCEN Atlantic employees as Local Vendors within Navy ERP MM Module to facilitate direct reimbursement for off duty education tuition and associated expenses as authorized by the Command. This request for financial institution information is only required once for initial registration in the system and will not be retained in local records for any reason. For questions regarding this process, please contact Lacceetta Beck, SPAWARSYSCEN Atlantic Navy ERP WFM Module Lead, (lacceetta.beck@navy.mil), (843)-218-2235.

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 5 U.S.C. Chapter 53, 55, and 81; and E.O. 9397 (SSN).
PURPOSE: To facilitate direct reimbursement for off duty education tuition and associated expenses as authorized by the Command
ROUTINE USES: This form will be used by the MM Module Team to add SSC LANT employees as local vendors in Navy ERP
DISCLOSURE: Voluntary. However, failure to provide the requested information may result in delayed reimbursement
ACKNOWLEDGEMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the foregoing statement

FOR EMPLOYEE TO COMPLETE

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMPLOYEE MIDDLE NAME

HOME STREET ADDRESS	HOME CITY, STATE, ZIP

EMPLOYEE BANK ROUTING # (Bank Key)	EMPLOYEE BANK ACCOUNT NUMBER

EMPLOYEE PERSONNEL NUMBER (PERNR)	EMPLOYEE WORK TELEPHONE NUMBER	COMPANY CODE (1739 Gen Fund or 1785 WCF)

COMMENTS

EMPLOYEE (Printed Name)	DATE	SIGNATURE

FOR MM TEAM ONLY

PURCHASE ORG 1700	BANK CONTROL KEY 01
	RECON. ACCOUNT 2110.2110
	SORT KEY 012
	PAYMENT TERMS 9030
	PAYMENT METHODS CDP
	HOUSE BANK NDFAS
	TERMS OF PAYMENT 9030
	INCOTERMS FOB / DESTINATION