

Financial Management Modernization Initiative (FMMI)

Corporate Lockbox Deposit Procedures

USDA agencies that have transitioned to the Financial Management Modernization Initiative (FMMI) that receive non employee and GOVTRIP related checks and money orders will submit those negotiable instruments to the FMMI Corporate Lockbox. These deposits will be made to Agency Location Code (ALC) 12-40-1240. Make checks or money orders payable to **USDA FMMI COD Collections**. The FMMI Corporate Lockbox address:

**USDA National Finance Center – FMMI COD Collections
PO Box 979099
St. Louis, MO 63179-9000**

If method of delivery requires a physical street address, the following address should be used:

**U.S. Bank
1005 Convention Plaza
St. Louis, MO 63101
Attn: Natalie Pearson
Lockbox 979099**

The FMMI Corporate Lockbox will automatically process collections in FMMI whenever negotiable items are submitted with a completed cover sheet. Collections forwarded without a completed cover sheet will require manual intervention by the Controller Operations Division, IPAC Control Branch, Debt Management and Collections Section (DMC) to be recorded in FMMI. The agencies must provide a name and telephone number on all cover sheets

Questions regarding the FMMI Corporate Lockbox should be referred to:

Ikeisha Bell	IKEISHA.BELL@USDA.GOV	(504) 426-5308
Sybil Brown	SYBIL.BROWN@USDA.GOV	(504) 426-5329
Donald Cardinal	DONALD.CARDINAL@USDA.GOV	(504) 426-5271
Kevin Cooper	KEVIN.COOPER@USDA.GOV	(504) 426-5220
Avis Crawford	AVIS.CRAWFORD@USDA.GOV	(504) 426-5433
Jennifer Griffin	JENNIFER.GRIFFIN@USDA.GOV	(504) 426-5307

Non-routine questions should be referred to:

Frank Joshua	FRANK.JOSHUA@USDA.GOV	(504) 426-5437
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**FMMI COD LOCKBOX
SUBMISSION COVER SHEET
(Single Line of Accounting)**

CHECK NUMBER: _____ **CHECK AMOUNT:** _____

COLLECTION TYPE (CIRCLE TYPE): REFUND REVENUE MISC COLLECTION
TRAVEL ADVANCE REIMBURSEMENT
TRAVEL VOUCHER OVERPAYMENT OTHER

FMMI DOCUMENT NUMBER: _____ (ZG, DF, A/R, DR or DPR Document Number)

FMMI CUSTOMER NUMBER: _____

FMMI VENDOR NUMBER (Credit Memo Only) _____

ACCOUNTING INFORMATION:

FUND: _____

FUND CENTER: _____

BUDGET PERIOD: _____

FUNCTIONAL AREA: _____

WBS: _____

COST CENTER: _____

BOC: _____

DATE OF SUBMISSION: _____

AGENCY: _____

SUBMITTING OFFICE: _____

POINT OF CONTACT: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

FMMI COD LOCKBOX
SUBMISSION COVER SHEET
(Multiple Lines of Accounting)

CHECK NUMBER: _____ CHECK AMOUNT: _____
COLLECTION TYPE (CIRCLE TYPE): REFUND REVENUE MISC COLLECTION
TRAVEL ADVANCE REIMBURSEMENT
TRAVEL VOUCHER OVERPAYMENT OTHER

FMMI DOCUMENT NUMBER: _____ (ZG, DF, A/R, DR OR DPR Document Number)
FMMI CUSTOMER NUMBER: _____
FMMI VENDOR NUMBER (Credit Memo Only) _____
ACCOUNTING INFORMATION:
FUND: _____ FUND CENTER: _____
BUDGET PERIOD: _____ FUNCTIONAL AREA: _____
WBS: _____ BOC: _____
COST CENTER: _____ AMOUNT: _____

FMMI BILLING DOCUMENT NUMBER: _____
FMMI CUSTOMER NUMBER: _____
ACCOUNTING INFORMATION:
FUND: _____ FUND CENTER: _____
BUDGET PERIOD: _____ FUNCTIONAL AREA: _____
WBS: _____ BOC: _____
COST CENTER: _____ AMOUNT: _____

FMMI BILLING DOCUMENT NUMBER: _____
FMMI CUSTOMER NUMBER: _____
ACCOUNTING INFORMATION:
FUND: _____ FUND CENTER: _____
BUDGET PERIOD: _____ FUNCTIONAL AREA: _____
WBS: _____ BOC: _____
COST CENTER: _____ AMOUNT: _____

FMMI BILLING DOCUMENT NUMBER: _____
FMMI CUSTOMER NUMBER: _____
ACCOUNTING INFORMATION:
FUND: _____ FUND CENTER: _____
BUDGET PERIOD: _____ FUNCTIONAL AREA: _____
WBS: _____ BOC: _____
COST CENTER: _____ AMOUNT: _____

DATE OF SUBMISSION: _____
AGENCY: _____
SUBMITTING OFFICE: _____
POINT OF CONTACT: _____
TELEPHONE NUMBER: _____
E-MAIL ADDRESS: _____