

Financial Management Modernization Initiative (FMMI)

Corporate Lockbox Deposit Procedures

FMMI agencies 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. The FMMI Corporate Lockbox address:

**USDA National Finance Center – FMMI FMS 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**

Agencies should continue to forward all employee payroll-related transactions to the ABCO Lockbox.

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 Financial Management Services, IPAC Control Branch, Debt Management and Collections Section (DMC) to be recorded in FMMI. Agencies must provide a name and telephone number on all cover sheets.

Questions regarding the FMMI Corporate Lockbox should be referred to:

Avis Crawford	AVIS.CRAWFORD@NFC.USDA.GOV	(504) 426-5433
Greta Walker	GRETA.WALKER@NFC.USDA.GOV	(504) 426-5440
Kawyn Bazil	KAWYN.BAZIL@NFC.USDA.GOV	(504) 426-5309
Deatrice Degruy	DEATRICE.DEGRUY@NFC.USDA.GOV	(504) 426-5263
Monica Gomez	MONICA.GOMEZ@NFC.USDA.GOV	(504) 426-5318
Lorie Huntley	LORIE.HUNTLEY@NFC.USDA.GOV	(504) 426-5033
Rosalind Malter	ROSALIND.MALTER@NFC.USDA.GOV	(504) 426-5224
Carmen McClain	CARMEN.MCCLAIN@NFC.USDA.GOV	(504) 426-5303

Non-routine questions should be referred to the section supervisor:

Donna Cornella	DONNA.CORNELLA@NFC.USDA.GOV	(504) 426-5032
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FMMI CORPORATE LOCKBOX SUBMISSION COVER SHEET (Single Line of Accounting)

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

COLLECTION TYPE (CIRCLE TYPE): **REFUND** **REVENUE** **MISC COLLECTION**

TRAVEL ADVANCE **REIMBURSEMENT** **OTHER**

FMMI BILLING 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: _____

EMAIL ADDRESS: _____

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

CHECK NUMBER: _____ CHECK AMOUNT: _____

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

FMMI BILLING 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: _____

EMAIL ADDRESS: _____
