DOI EFT/IPP Waiver Request Form

The Debt Collection Improvement Act of 1996 requires that all payments be made by electronic funds transfer (EFT) after January 1, 1999 (Modified March 2012). Waivers to this requirement may be granted under the conditions described below. Please mark the condition which applies and complete the information requested at the bottom.

The Department of the Interior's (DOI) Electronic Invoicing and Payment Requirements – Invoice Processing Platform (IPP) local clause requires that all new awards have invoices submitted electronically via the IPP. Waivers to this requirement may be granted under the conditions described below.

Instructions:

Mark the condition which applies and complete all information fields at the bottom. Incomplete forms will be returned to requestor for completion. Once complete, submit via an FBMS Help Desk Ticket.

EFT/IPP Waiver Requests Involving Foreign Countries, Military Operations, or Public Safety (Vendor-Specific)

Condition 1 ☐ Where the political, financial, or communications infrastructure in a foreign country does not support payment by EFT or does not support access to the internet for electronic invoice submittal. **IMPORTANT: If this condition is selected, this will result in both an EFT and IPP waiver for the individual vendor record, expiring 2-years from approval date.**

Condition 2 ☐ Where a military operation is designated by the Secretary of Defense in which uniformed services undertake military actions against an enemy, or a call or order to, or retention on, active duty of members of the uniformed services is made during a war or national emergency declared by the President or Congress. **IMPORTANT: If this condition is selected, this will result in both an EFT and IPP waiver for the individual vendor record, expiring 2-years from approval date.**

Condition 3 ☐ Where a threat may be posed to national security, the life or physical safety of any individual may be endangered, or a law enforcement action may be compromised. **IMPORTANT: If this condition is selected, this will result in both an EFT and IPP waiver for the individual vendor record, expiring 2-years from approval date.**

EFT/IPP Waiver Requests involving Non-Recurring Payments or Public Expedience (PO-Specific)

Condition 4 ☐ Where the agency does not expect to make more than one payment to the same recipient within a 1-year period on a regular, recurring basis and remittance data explaining the purpose of the payment is not readily available from the recipient's financial institution receiving the payment by EFT (i.e., the payment is non-recurring, and the cost for making the payment by EFT exceeds the cost of making the payment by check). **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring at the end of the Purchase Order (PO) Period of Performance (POP) noted in the award detail section. The EFT waiver expiration date will not exceed 1-year after approval date. Approval will also result in a PO-specific IPP waiver. If a new PO is awarded within the Contract POP (or within 1-year of original approval date), then a new waiver request is required and must cite a different condition.**

EFT/IPP Waiver Requests involving Natural Disasters and Compelling Urgency (PO-Specific)

Condition 5 ☐ Where the payment is to a recipient within an area designated by the President or an authorized agency administrator as a disaster area (this waiver is limited to payments made within 120 days after the disaster is declared). **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring at the end of the PO POP noted in the award detail section. Approval will also result in a PO-specific IPP waiver. If a new PO is awarded within the Contract POP, then a new waiver request is required for the new PO.**

Condition 6 ☐ Where DOI's need for goods and services is of such an unusual and compelling urgency that the Government would be seriously injured unless payment is made by a method other than EFT; unless invoices are submitted by the vendor other than in electronic form through IPP; or where there is only one source for goods or services and the Government would be seriously injured unless payment is made by a method other than EFT or invoicing by the vendor is permitted by a means other than through the IPP system. **IMPORTANT: If this condition is selected, this will result in an EFT waiver for the individual vendor record, expiring at the end of the PO POP noted in the award detail section. Approval will also result in a PO-specific IPP waiver. If a new PO is awarded within the Contract POP, then a new waiver request is required for the new PO.**

Waiver Requests for IPP Only (Vendor-Specific)

Condition 7 ☐ IPP System Limitations – Where the vendor is paid via EFT, but does not have a TIN, SSN, or EIN (e.g., vendor has no TIN, SSN, or EIN; vendor has an EIN and payment is made in foreign currency via ITS; vendor has a TIN and payment made without a corresponding US financial institution via ITS). If condition selected, the specific restrictions must be detailed in the explanation and vendor detail sections. **IMPORTANT: If this condition is selected, this will result in an IPP waiver for the individual vendor record, expiring 2-years from approval date.**

Requestor must complete all fields in this section:

Explanation of Waiver Request (Explain how the condition marked was met)

Vendor Detail

Vendor Name (As shown in FBMS): _____

Vendor Address: _____

DUNS: _____ **Vendor Number:** _____

Does Vendor have a US Bank Account? Yes ____ No____ **Vendor Preferred Payment:** EFT____ Check____ Wire____

Does Vendor have a SAM Waiver on file at the bureau? Yes ____ No____

New/Current/In-Progress Award Detail – Required for all Logistics-Vendors

Award # (If awarded): _____ **Award Contracting Officer:** _____

Award Total Dollar Value: _____ **Award Type:** _____

Award Description: _____

Requestor Information

Bureau: _____ **Title:** _____ **Name:** _____

Phone Number: _____ **Email:** _____ **Date:** _____

Signature _____ Date:_____ Signature_____ Date:_____

Contracting Officer Bureau Procurement Chief

To be completed by the DOI PAM office:

Action: Approved ____ Rejected ____ Waiver Expiration Date: _____

Title: Procurement Analyst, Office of Acquisition and Property Management

Name: _____ **Date:** _____

Signature: _____

Rejection Explanation:

PRINT FORM CLEAR FORM