

Customer Engagement Portal
Quick Reference Guide
Educational Institutions and Training Facilities
January 2026

Step 1: Tax ID Information

1. Once logged in, enter the Tax Identification Number (TIN) for your institution/facility.
2. Indicate if this is a new request or an update to an existing vendor record
 - a. If you previously vendorized through CEP or the VA Form 10091 and receive payments under the Veteran Readiness and Employment program (Chapter 31), you should select “Update”. Otherwise, select “New.”
3. If you are not already registered in SAM.gov, select “No” to the question “Is the account that you are adding or updating registered with SAM.gov”.
 - a. If you’ve previously registered with SAM.gov, you MUST select yes and enter your 12-character Unique Entity ID.

VA Form 10091

1 TAX ID Information 2 Payee Information 3 Address/Bank Information 4 Add Authorized Representative Contact/s 5 Review

Welcome

To get started, please enter your 9-Digit legal identification number registered with the IRS for the account you need to Add or Update in the VA's Financial System in the fields below.

Tax Identification Number/Social Security Number *

Re-enter TAX ID/SSN *

Request Type *

New (Enrolling with the VA Financial Services Center for the first time or adding a new location, select New)

Update (If you are an Authorized Representative and need to update existing information, select Update)

Note: SAM Vendors: Please have your 12-character Unique Entity Identifier (UEI) and 4-digit EFT Indicator information readily available. Updates to your banking records must be made in SAM.gov.

Is the account that you are adding or updating registered with SAM.gov? *

Yes No

UEI *

Alphanumeric, Ex: 1234567890AB

Step 2: Payee Information

1. Select the payee type, valid options for educational institutions or training facilities will be “Individual” for a sole proprietorship operating under a Social Security Number, “Commercial” for entities operating under an Employee Identification Number (EIN), or “Foreign” for foreign institutions and facilities.
2. Select “Yes” to the question “Are you submitting for a Veteran Benefit program?”

3. Select the radio button for “You are an approved educational institution receiving payment of tuition and fees under the Post 9/11 GI Bill (Chapter 33) and/or the Veteran Readiness and Employment program (Chapter 31).”
4. Enter your 8-character Facility Code assigned by VA, your organization’s name and if applicable, the “Doing Business As” name.

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Payee/Vendor Information

Payee Type *
Commercial

Are you responding to a B-Notice? *
 Yes No

Is this a children's subsidy program vendor? *
 Yes No

Are you submitting form for a Veterans Benefits program? *
 Yes No

Please select from one of the following options *
 You have an OGC assigned Power of Attorney Code
 You receive Attorney Fee Payments under the Equal Access to Justice Act (28 C.F.R. 82.4)
 You receive payment on behalf of Veterans for Automobile Allowance or Adaptive Equipment (38 United States Code Chapter 39)
 You receive payment on behalf of Veterans for Specially Adaptive Housing/Special Home Adaptations (38 United States Code Chapter 21)
 You are an approved educational institution receiving payment of tuition and fees under the Post 9/11 GI Bill (Chapter 33), or the Veteran Readiness and Employment (Chapter 31) programs
 You are providing goods or services to Veterans and receiving payment under the Veteran Readiness and Employment (Chapter 31) program.
 You are a state or tribal Veteran's Cemetery receiving reimbursement from VA
 Other

Facility Code *
8 character Facility Code Number

Payee/Vendor Name * DBA

Step 3: Address/Bank Information

1. To update your existing vendor information, fill in your current (updated) mailing address as well as your prior mailing address, and your bank information.
2. For new submissions, enter your current mailing address and bank information.

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Current Payee Mailing Address

Address Line 1 *
PO Box 6004

Address Line 2

City * State * Zip *
Morgantown WV 25106

Previous Payee Mailing Address

Address Line 1 *
PO Box 6004

Address Line 2

City * State * Zip *
Morgantown WV 25106

Current Payee Bank Information

Routing Number *
051903761

Account Number *

Bank Name *
LEWISTON NATIONAL BANK

Be enter Account Number *

Account Type *
 Checking Savings

VA Form 10091



Current Payee Mailing Address

Address Line 1 *

Address Line 2

City * State * Zip *

Current Payee Bank Information

Routing Number * Bank Name ? *

Account Number ? * Re-enter Account Number ? *

Account Type *
 Checking Savings

Step 4: Add Authorized Representative Contact/s

VA Form 10091



Authorized Representative Contact Information

Individual(s) designated on this form as "Authorized Representative(s)" are permitted to make changes to company information stored in the Veterans Affairs (VA's) financial system.

It is strongly advised to designate a Primary and an Alternate representative. Once the vendor record is established, requests submitted by non-ARs will not be processed. Additionally, only ARs can add or remove other ARs from our database.

Examples of ARs:

- Company Owner
- Chief Financial Officer (CFO)
- Accounts Receivable Manager
- Accounting or Billing Representative

First Name *	<input type="text"/>	Last Name *	<input type="text"/>
Official Title *	<input type="text"/>	Email Address *	<input type="text"/>
Phone Number *	<input type="text"/>	Fax number	<input type="text"/>

Step 5: Review and submit

Contact the VA Financial Services Center (FSC) for help or if you want to check on the status of your submission.

- Phone: 512-460-5380
- Email: vafscshd@mail.va.gov