Single Family Acquired Asset Management System (SAMS) Invoice Transmittal

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

Instructions: Read Instructions on back before completing this form. Send completed the form to HUD HOC. Attn: M & M Contract GTR/GTM.

7. Payee's Name 3. Check Only One Prompt Payment Non-Prompt Payment N	Instructions: H	lead Instructions o	n back before comple	eting this form.	. Send com	npleted the t	orm to HUD I	HOC, Attn: I	M & M Contrac	t GTR/GTM.		
S. MAM Contractor's NAID S. MAM Contractor's Business Name T. Payer's Name S. Payer's Name S. Check Only One So. Start Date (mm\ddyyyy) S. No. of invoices S. No. of	I. APTR Scree	n. Create Trai	nsmittal (Items 1 th	hru 10)								
3. Check Only One B. Start Date (meniddyyyy) Prompt Payment (Will be paid within fine working days of receipt at 64MB Debursement Contractor)	System Genera	ted Transmittal No.	2. HOC Area Iden	2. HOC Area Identifier			3. HOC Area Name					
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Prompt Payment	6. Payee's NAID		7. Payee's Name	7. Payee's Name								
Prompt Payment	8. Check Only On		tart Date (mm/dd/www)				l Total					
working days of receipt at SAMS Disbussment Contractory ab Discount Der (mm/dd/yyyy)		Payment	, , , , , , , , , , , , , , , , , , , ,	Date (IIIII/Idd/yyyy)								
III. Preparer's/Reviewer's Certification (Items 19 thru 25) To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802; 19. Preparer's Signature (M&M Contract GTM) 24. Approver's Signature (M&M Contract GTM) 25. Date (mm/dd/yyyy) 26. Authorized Certifying Officer's Use Only (Items 26 - 28) 27. Date (mm/dd/yyyy) 28. Authorized Certifying Officer's Signature (Not assigned to SF REO Division) 27. Date (mm/dd/yyyy) 28. Certifying Officer's Signature (Not assigned to SF REO Division) 27. Date (mm/dd/yyyy) 28. Authorized Certifying Officer's Signature (Not assigned to SF REO Division) 27. Date (mm/dd/yyyy)	Non-Pro working d	ays of receipt at SAM	S Disbursement Contrac		·				_			
11. Invoice No. 12. Invoice Date 13. PO/COWO 14. Description 15. PC 16. FHA Case Number 17. Amount Per PC 18. Invoice Total 17. Amount Per PC 18. Invoice Total	Discoun	t (Percent)										
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NV. For HUD Certifying Officer's Use Only (Items 26 - 28) Pursuant to authority vested in me, I certify this transmittal and its attachments are correct and proper for payment. 26. Authorized Certifying Officer's Signature (Not assigned to SF REO Division) 27. Date (mm/dd/yyyy) 28. Certifying Officer's Stamp 27. Date (mm/dd/yyyyy) 28. V. For SAMS Disbursement Contractor Use Only (Items 29 thru 32)					Approver's Signature (M&M Contract GTR)					25. Date (mm/dd/yyyy)		
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29. Processor's Name 30. Invoice (IV) Entered By 31. Transmittal (TR) Entered By 32. Approve Transmittal (AP) By	V. For SAMS	Disbursement (
	29. Processor's Na	ame	30. Invoice (IV) Entere	ed By	31. Trans	smittal (TR) E	ntered By	32. A	pprove Transmitt	al (AP) By		

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information enables HUD to record and process financial transactions in its automated Single Family Acquired Asset Management System (SAMS) to dispose of acquired single-family properties. HUD reimburses M&M Contractors for their services in maintaining, marketing, and selling HUD homes, and HUD collects funds associated with the sales of these properties. The information enables HUD to create and maintain sound financial management practices and effective internal controls over the property disposition program. A response is required to obtain or maintain a benefit.

Instructions for Completion of Form SAMS-1106 (Please use typewriter or print in ink)

- System Generated Transmittal No.: Enter the computer-generated 12 character Transmittal Number.
- HOC Area Identifier: Enter the HOC Area Identifier (e.g., P1 for Philadelphia Area 1).
- HOC Area Name: Enter the HOC Area name (e.g., Philadelphia Area
- 4. M&M's NAID: Enter the Name/Address identifier.
- M&M's Business Name: Enter the M&M's business name.
- Payee's NAID: Enter the unique 10 letter/number name and address identifier of the vendor. If this vendor has not been previously approved by HUD, submit a completed form SAMS-1110 or -1111, as appropriate.
- Payee's Name: Enter the name of the vendor to whom payment will be made. The name entered on this line must be identical to the vendor's name as it appears on the invoice.
- Check One: Enter a check mark in the appropriate space to indicate the type of payment method of this (these) invoices(s): Prompt Payment, non-Prompt Payment, or discount. If Prompt Payment, enter the start date, i.e., date proper invoice is received or date services or goods are accepted, whichever is later. If discount, enter the percent and due
- No. of Invoices: Enter the number of invoices included in this transmittal
- 10. Transmittal Total: Enter the Grand Total amount of the transmittal.
- 11. Invoice No: Enter the actual invoice number shown on the vendor's invoice, if available. The original invoice and supporting documentation specified in Handbook 4310.5 must be attached to the SAMS-1106.
- 12. Invoice Date: Enter the date of the invoice.
- 13. PO/CO/WO: Enter the appropriate purchase order (PO) or formal contract number (CO) for invoices to be applied to an established purchase order or contract, if applicable.
- 14. **Description:** Enter a brief description of the type of goods/services rendered.
- 15. **PC:** Enter the Post Code for the service provided by the vendor, e.g., Advertising (AD), Yard Maintenance (YR).

Allocated Post Codes (As of 3/99)

AD	Advertising	MM	M&M's Fee			
Case	Specific Post Codes	MR	Misc Major Repairs			
`	f 3/99)	NA	Appraisal - Non Access Fees			
AL	Appliances	RB	Repurchase / Buy Back Expense			
BR	Board-Up/Secure,					
	Glass, Windows, & Lock Changes	RF	Roofing			
CD	Clean-Up & Debris	RT	Rent Refund			
-	Removal	SI	Sales Incentives/ Allowance			
CF	Condo/HOA Fees	SL	Selling Broker Commis-			
CL	Closing Agent Fees / Packaging Agent		sions/Bonus			
CS	Liability Claims	SR	Mechanical System			
DF	Defective Paint/LBP		Repair - Electrical, Heating, Air Conditioning,			
	Removal		& Plumbing			
DM	Demolition	SS	System Checks			
EF	Earnest Money	SW	Snow Removal			
	Forfeiture	SY	Surveying			
EM	Earnest Money Refund	TL	Title Evidence Review			
EV	Evictions	TM	Termite Treatment			
EX	Refund of Sales Extension Fee	ТО	Tax Penalty - Incurred by Others			
GN	General Repair, Building Supplies, Carpentry,	TP	Tax Penalty - Incurred by HUD			
	Masonry, & Painting	TR	Termite Inspection			
IF	Inspection Fees	TT	Title Policy			
LN	Lead Based Paint Escrow	TX	Tax Expense/Refund			
MI	Misc. Income-Refunds					

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MONIO Eco

- UT Utilities/Fuel Oil
- WT Water / Water Testing / Well Drilling

- Winterizing
- ΥR Yard Maintenance
- FHA Case Number: If a case specific code was entered in 15, enter the FHA case number of the property for which goods or services were
- 17. **Amount per PC:** Enter the total dollar amount for a specific post code.
- Invoice Total: Enter the total dollar amount of the invoice.
- 19-22. Preparer's Signature: Enter legible signature, title, phone number, and date signed of the preparer (M&M Contractor/Closing Agent/SF REO staff).
- 23. Reviewer's Signature: Enter legible signature of the M&M Contract
- 24-25. Approver's Signature: Enter legible signature and date signed of the M&M Contract GTR.
- 26-28. Authorized Certifying Officer's Certification: Enter legible signature and date signed, and stamp of authorized officer, and submit to the SAMS Disbursement Contractor.
- 29-32. For SAMS Disbursement Contractor's Use Only. Enter initials of individual completing each processing step.