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.

I. APTR Screen. Create Transmittal (Items 1 thru 10)

1. System Generated Transmittal No.	2. HOC Area Identifier	3. HOC Area Name
4. M&M Contractor's NAID	5. M&M Contractor's Business Name	
6. Payee's NAID	7. Payee's Name	

8. Check Only One	8a. Start Date (mm/dd/yyyy)	9. No. of Invoices	10. Transmittal Total $
☐ Prompt Payment			
☐ Non-Prompt Payment (Will be paid within five working days of receipt at SAMS Disbursement Contractor)			
☐ Discount (Percent)	8b. Discount Date (mm/dd/yyyy)		

II. APTC Screen. Invoice Detail (Items 11 thru 18)

11. Invoice No.	12. Invoice Date	13. PO/CO/WO	14. Description	15. PC	16. FHA Case Number	17. Amount Per PC	18. Invoice Total

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 Contractor/Closing Agent/SF REO staff)	20. Title	21. Phone No. (Area Code)	22. Date (mm/dd/yyyy)
X			

23. Reviewer's Signature (M&M Contract GTM)	24. Approver's Signature (M&M Contract GTR)	25. Date (mm/dd/yyyy)
X		

IV. 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
X		

V. For SAMS Disbursement Contractor Use Only (Items 29 thru 32)

29. Processor's Name	30. Invoice (IV) Entered By	31. Transmittal (TR) Entered By	32. Approve Transmittal (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. This agency 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)

1. **System Generated Transmittal No.:** Enter the computer-generated 12 character Transmittal Number.
2. **HOC Area Identifier:** Enter the HOC Area Identifier (e.g., P1 for Philadelphia Area 1).
3. **HOC Area Name:** Enter the HOC Area name (e.g., Philadelphia Area 1).
4. **M&M's NAID:** Enter the Name/Address identifier.
5. **M&M's Business Name:** Enter the M&M's business name.
6. **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.
7. **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.
8. **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 date.
9. **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

Case Specific Post Codes

(As of 3/99)

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

16. **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 procured.
17. **Amount per PC:** Enter the total dollar amount for a specific post code.
18. **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 GTM.

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.