



VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EMP ID NUMBER: _____

VENDOR NAME: _____

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) _____

ADDRESS: _____

ADDRESS CONT: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # _____ BANK ACCOUNT # _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

Check here if this account can only be used for a SPECIFIC purpose _____

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

(Vendor Printed Name)

(Vendor Signature)

(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> New Vendor | <input type="checkbox"/> Employee | <input type="checkbox"/> 1099 Code _____ |
| <input type="checkbox"/> Classification Change _____ | <input type="checkbox"/> Add address | <input type="checkbox"/> FEI/TIN Change** |
| <input type="checkbox"/> Name Change** | <input type="checkbox"/> Change of Address: Address # _____ | <input type="checkbox"/> Other (provide details in Section 4) |
| <input type="checkbox"/> Vendor Deactivation | <input type="checkbox"/> Bank Account Change | <input type="checkbox"/> Bank Account Delete |
| <input type="checkbox"/> Bank Account Add | | |

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change **OR** a newly completed W-9 form provided by the vendor.

SIC CODES (CHECK ALL THAT APPLY)

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Women Owned | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified | <input type="checkbox"/> Hispanic-Latino | <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander |

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

By my signature, I understand that I am accountable for the accuracy of the information on this form and hereby certify that all information submitted on this form is true, accurate and is associated with the vendor name and Tax ID listed above.

Signature: _____

Requestor Name: _____ Agency BU#: _____ Date: _____

Email: _____ Phone: _____ Fax #: _____