

# SUPPLIER (VENDOR) MANAGEMENT FORM INSTRUCTIONS FOR SUPPLIERS

## **SECTION 1- AGENCY LIAISON USE ONLY**

This section MUST be completed in its entirety, unless otherwise indicated in the description boxes below.

New Assigned Supplier ID	Required, if the supplier is unapproved. Select the checkbox and enter the					
	supplier ID number.					
Existing TeamWorks Supplier ID	Required, if the supplier is approved or inactive. Select the checkbox and enter the supplier ID number.					
Change Bank Acct – LOC#	Required, if the request is to change the supplier's existing bank information.  Enter the Location in TeamWorks to change.					
Change Address - #	Required, if the request is to change the supplier's existing address. Enter the Address ID number in TeamWorks to change.					
Classification Change	Required, if the request is to change the supplier's current Classification (Student, Attorney, Supplier – Non-Minority, etc.)					
HCM Vendor	Required, if the request is for a HCM supplier.					
Statewide Contract (DOAS Use Only)	This option is required for DOAS only. Select if the supplier is under a SWC or to identify a supplier as a SWC vendor.					
Other (Provided details in Section 6 and initial)	Selection this option if the request is not listed in Section 4. Must provide details in Section 6.					
Liaison Name	Required. Enter only the name of the certified Agency Liaison submitting the request.					
Agency B/U	Required. Enter the Agency's 5-digit Business Unit number.					
Signature	Required. Must be the electronic signature embedded in the VMF or an ink signature. Stamps, script fonts, etc. are unacceptable.					
Date	Required. The date entered is the date the Agency Liaison signed the VMF. This date cannot be prior to the signature date of the supplier in Section 3.					
Email	Required. Enter the Agency Liaison's email address.					
Phone	Required. Enter the Agency Liaison's phone number.					

## **SECTION 2 – SUPPLIER IDENTIFICATION (SUPPLIER USE ONLY)**

This section MUST be completed in its entirety, unless otherwise indicated in the description boxes below.

SUPPLIER NAME	Required. If requesting to change name, enter the <i>new</i> supplier name.
FEI/SSN/TIN	Required. If requesting to change, enter the <i>new</i> FEI/TIN and include <i>updated</i> W9.
PAYMENT ALT NAME	<ol> <li>Optional. SUBMIT AS AN ADDRESS REQUEST</li> <li>Complete if payments should use a different name than is indicated above.</li> <li>If requesting to change ALT name, enter the new ALT name.</li> </ol>
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the <i>new</i> address.
DRIVER'S LICENSE #/DL STATE	Optional.
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

#### **SECTION 3- BANK ACCOUNT INFORMATION (SUPPLIER USE ONLY)**

This section MUST be completed in its entirety, for all <u>new suppliers</u> and banking <u>changes/additions</u> for existing suppliers. Payments will be made electronically via the Automated Clearing House (ACH).

ROUTING #	Required.			
BANK ACCOUNT #	Required.			
GENERAL BANK ACCOUNT	Required if <u>ALL PAYMENTS</u> from <u>ALL AGENCIES</u> should be deposited to the			
GENERAL BANK ACCOONT	account provided.			
SPECIFIC PURPOSE	Required if bank account should be designated for Specific Purpose such as			
SI ECITIC I ONI OSE	grants, operating accts, pre-k, etc.			
PYMT REMIT EMAIL	Optional, but <b>Recommended</b> to receive notification of payment(s) processed.			
THE REPORT LIVING	Enter the email address where payment notifications should be sent.			
	To add or change a payment remit email address to existing bank information,			
	submit as a bank request.			
PRINTED NAME OF COMPANY	Required.			
OFFICER				
SIGNATURE OF COMPANY OFFICER	Required. Must be the electronic signature embedded in the VMF or an ink			
	signature. Stamps, script fonts, etc. are unacceptable.			
DATE	Required. This date cannot be more than 60 days old from the date SAO			
	receives the VMF.			

## **SECTION 4- SPECIFY TYPE OF ACTION(S)**

Select all items that pertain to this request. If no selection is made, the form will be rejected.

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate your supplier profile.					
	A justification <b>MUST</b> be provided in Section 6.					
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile. If supplier was					
	previously denied approval, select this option.					
NON – 1099 APPLICABLE	Select to change a supplier that is currently 1099 applicable to non-1099					
	applicable.					
1099 APPLICABLE	Select to change a supplier that is currently NOT 1099 applicable to a 1099 supplier.					
1099-N (for NON_EMPLOYEE	Required, if requesting to make a supplier 1099 applicable who will receive a					
COMPENSATION ONLY)	1099 for Non-employee Compensation. Enter '01' as the 1099 Code in the Code field.					
1099-M	Required, if requesting to make a supplier 1099 applicable who will receive a					
	1099 for any other reason (excluding non-employee compensation). Enter the					
	appropriate code in the Code field.					
ENTER CODE	Required, if requesting to make a supplier 1099 applicable.					
ADD NEW BANK ACCOUNT	Select when requesting to add bank account information to your profile. Must					
(New suppliers or existing suppliers,	also complete Section 3 of form.					
new to ACH payments)						
CHANGE EXISTING BANK ACCOUNT	Select if requesting to <u>change</u> the current banking information in your profile.					
	Must also complete Section 3 of form.					
FEI/TIN CHANGE	Select if changing FEI/TIN.					
*If 1099 applicable, the FEI/TIN cannot	Enter new number in Section 1 and submit current, updated W9.					
be changed*	*If 1099 applicable, the FEI/TIN cannot be changed					
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name.					
	Enter <u>new name</u> in Section2 of form.					
	Must submit current, updated W9.					
ADD ADDITIONAL ADDRESS	Select if adding an additional business address to your profile.					
	Enter additional address in Section 2 of form.					
CHANGE EXISTING ADDRESS	Select if changing current business address.					
	Enter <u>new address</u> in Section 2.					
OTHER (Provide details in Section 6)	Select if requested action is not listed in Section 4. Must provide request details					
	in Section 6.					

## **SECTION 5- TYPE OF BUSINESS**

This section should only be completed if applicable. Please review category definitions below.

BUSINESS CERTIFICATIONS					
SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.				
GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.				
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".				
WOMEN OWNED	Woman-owned businesses are not considered minority businesses in the State of Georgia.				

## **SECTION 6 - ADDITIONAL SUPPLIER COMMENTS**

Required. This section MUST be completed if "Deactivate" or "Other" is selected in Section 4.

State Accounting Office Updated 4/2021



Printed Name of Company Officer

## **SUPPLIER (VENDOR) MANAGEMENT FORM**

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons MUST complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

#### SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY CHECK ONE AND ENTER ID NUMBER Newly Assigned Supplier ID Existing TeamWorks Supplier ID SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR) Change Bank Acct - Enter Loc# (Required for Bank Changes) Change Address – Enter Addr ID# (Required for Address Changes) Classification Change **HCM Vendor** Statewide Contract (DOAS Use Only) Other (Provide Details in Section 6 and Initial) By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed below. Liaison Name: Signature: \_\_\_\_\_ Email: SECTION 2 - SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY FEI/SSN/TIN NUMBER: SUPPLIER NAME: PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) ADDRESS: CITY: STATE: ZIP CODE: DRIVERS LICENSE #: COUNTRY: DL STATE: PRIMARY#: EXT: SECONDARY#: EXT: CELL CELL (USED FOR IDENTITY VERIFICATION) LANDLINE LANDLINE (USED FOR IDENTITY VERIFICATION) CONTACT EMAIL: SECTION 3 — BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) SUPPLIER USE ONLY ACCOUNT # ROUTING # 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 SPECIFIC purpose. **ACCOUNTS RECEIVABLE NOTIFICATION PYMT REMIT EMAIL:** PYMT REMIT EMAIL: Lauthorize the State of Georgia to deposit payment for goods and/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 below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Signature of Company Officer

Date

Deactivate Supplier Profile    Section 1999 Applicable   1099 Applicable   1099-N   1099-M   Enter Code   (Required for Form 1099-N)	SI	SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.										
Non- 1099 Applicable 1099 Applicable 1099-N 1099-M Enter Code (Required for Form 1099-M)  Add New Bank Account (Must complete Section 3)  Change Existing Bank Account (Must complete Sections 1 & 3)  FEI/TIN Change (Cannot be changed if 1099 applicable)  Supplier (Business) Name Change  Add Additional Business Address (Must complete Section 2)  Change Existing Business Address (Must complete Sections 1 & 2)  Other (Provide Details in Section 6)  SECTION 5 — TYPE OF BUSINESS (Check All That Apply)  BUSINESS CERTIFICATIONS — CHECK ALL THAT APPLY  *Small Business  GA Resident Business  Women Owned  Minority Business Certified  Asian American  Pacific Islander  Not Applicable  *Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.		Deactivate Supplier Profile (Enter justification in Section 6)										
Add New Bank Account (Must complete Section 3)  Change Existing Bank Account (Must complete Sections 1 & 3)  FEI/TIN Change (Cannot be changed if 1099 applicable)  Supplier (Business) Name Change  Add Additional Business Address (Must complete Section 2)  Change Existing Business Address (Must complete Sections 1 & 2)  Other (Provide Details in Section 6)  SECTION 5 — TYPE OF BUSINESS (Check All That Apply)  BUSINESS CERTIFICATIONS — CHECK ALL THAT APPLY  *Small Business  Women Owned  Hispanic — Latino  African American  Native American  Not Applicable  *Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.		Reactivate Supplier Pr	ofile		<u>-</u> -							
Change Existing Bank Account (Must complete Sections 1 & 3)  FEI/TIN Change (Cannot be changed if 1099 applicable)  Supplier (Business) Name Change  Add Additional Business Address (Must complete Section 2)  Change Existing Business Address (Must complete Sections 1 & 2)  Other (Provide Details in Section 6)  SECTION 5 — TYPE OF BUSINESS (Check All That Apply)  BUSINESS CERTIFICATIONS — CHECK ALL THAT APPLY  *Small Business  GA Resident Business  Women Owned  Minority Business Certified  Asian American  Pacific Islander  Not Applicable  *Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.	No	on- 1099 Applicable	1099 Applicable	1099-N	10	099-M	Ente	er Code		(Required fo	or Form 1099-M)	
FEI/TIN Change (Cannot be changed if 1099 applicable)  Supplier (Business) Name Change  Add <u>Additional</u> Business Address (Must complete Section 2)  Change <u>Existing</u> Business Address (Must complete Sections 1 & 2)  Other (Provide Details in Section 6)  SECTION 5 — TYPE OF BUSINESS (Check All That Apply)  BUSINESS CERTIFICATIONS — CHECK ALL THAT APPLY  *Small Business  GA Resident Business  Women Owned  Minority Business Certified  Asian American  Pacific Islander  Not Applicable  *Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.		Add <u>New</u> Bank Account (Must complete Section 3)										
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*Business Certifications - CHECK All THAT APPLY MINORITY BUSINESS ENTERPRISE (51% Owned):  *Small Business Women Owned Hispanic - Latino African American Pacific Islander Not Applicable  *Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.		Other (Provide Details	in Section 6)									
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						hich is inde	pendently	owned and	operated	. Additionally,	such business must either	•
SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 4)	IIa	ve 300 or less employees c	AC 230 IIIIIIIOII OI IESS III gic	oss receipts per ye	aı.							
SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 4)												
SECTION 5 - ADDITIONAL SUFFLIER COMMINENTS [REQUIRED II OTHER OF DEALINATE BOX CHECKED III SECTION 4]	CE	CTION 6 ADDITIO	NIAL CLIDDLIED COL	MANAENITO (DA	auirad	if "Otho	" or "D	oostivo	to" box	shockod i	in Costion 4)	
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