



# SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 1-5.

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

## STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER	
<input type="checkbox"/>	Newly Assigned Supplier ID _____
<input type="checkbox"/>	Existing TeamWorks Supplier ID _____

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)	
<input type="checkbox"/>	Change Bank Acct - Loc# _____
<input type="checkbox"/>	Change Address - # _____
<input type="checkbox"/>	Classification Change
<input type="checkbox"/>	HCM Vendor
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)
<input type="checkbox"/>	Other (Provide Details in Section 5 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 above.

Liaison Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

FEI/SSN/TIN NUMBER: \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DL STATE: \_\_\_\_\_

PRIMARY #: \_\_\_\_\_ EXT: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_ EXT: \_\_\_\_\_

LANDLINE  CELL  (USED FOR IDENTITY VERIFICATION) | LANDLINE  CELL  | (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: \_\_\_\_\_

## SECTION 2 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING # 

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 ACCOUNT # 

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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. \_\_\_\_\_  
Describe specific purpose

### ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: \_\_\_\_\_

PYMT REMIT EMAIL: \_\_\_\_\_

I authorize 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.

Printed Name of Company Officer \_\_\_\_\_ Signature of Company Officer \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.**

<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 5)
<input type="checkbox"/>	Reactivate Supplier Profile
<input type="checkbox"/>	1099 Applicable. Enter Code _____
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 2)
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Section 2)
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add <u>Additional</u> Business Address
<input type="checkbox"/>	Change <u>Existing</u> Business Address
<input type="checkbox"/>	Other (Provide Details in Section 5)

**SECTION 4 – TYPE OF BUSINESS (Check All That Apply)**

**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified

**MINORITY BUSINESS ENTERPRISE (51% Owned):**

<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	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 have either less than 300 employees OR less than \$30 million in gross receipts per year.

**SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 3)**



# SUPPLIER (VENDOR) MANAGEMENT FORM

## INSTRUCTIONS FOR SUPPLIERS

### SECTION 1- SUPPLIER IDENTIFICATION

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 <b>new</b> supplier name.
FEI/SSN/TIN	Required. If requesting to change, enter the <b>new</b> FEI/TIN and include <b>updated</b> W9.
PAYMENT ALT NAME	Optional. 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change ALT name, enter the <b>new</b> ALT name.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the <b>new</b> address.
DRIVER'S LICENSE #/DL STATE	Optional.
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

### SECTION 2- BANK ACCOUNT INFORMATION

This section **MUST** be completed in its entirety, for all new suppliers and banking changes/additions 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 submitted to account listed above.
SPECIFIC PURPOSE	Required if bank account should be designated for <u>specific purpose</u> such as grants, operating accts, pre-k, etc.
PYMT REMIT EMAIL	Optional, but <b>Recommended</b> to receive notification of payment(s) processed. Enter the email address where payment notifications should be sent.
PRINTED NAME OF COMPANY OFFICER	Required.
SIGNATURE OF COMPANY OFFICER	Required. Electronic signatures are permitted.
DATE	Required. Must be current.

### SECTION 3- 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 typed in Section 5.
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile.
1099 APPLICABLE	If requesting to be 1099 applicable, check the box <b>and</b> enter code on the line.

ADD NEW BANK ACCOUNT (New suppliers or existing suppliers, new to ACH payments)	Select when requesting to add bank account information to your profile. Must also complete Section 2 of form.
CHANGE EXISTING BANK ACCOUNT	Select if requesting to <u>change</u> the current banking information in your profile. Must also complete Section 2 of form.
FEI/TIN CHANGE <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i>	Select if changing FEI/TIN. Enter <u>new number</u> in Section 1 and <b>submit current, updated W9.</b> <i>*If 1099 applicable, the FEI/TIN cannot be changed</i>
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter <u>new name</u> in Section 1 of form. <b>Must submit current, updated W9.</b>
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> business address to your profile. Enter additional address in Section 1 of form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter <u>new address</u> in Section 1.
OTHER (Provide details in Section 5)	Select if requested action is <i>not</i> listed above. Must provide request details in Section 5.

#### **SECTION 4- TYPE OF BUSINESS**

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

<b>BUSINESS CERTIFICATIONS</b>	
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 5 -ADDITIONAL SUPPLIER COMMENTS**

Required. This section MUST be completed if "Deactivate" or "Other" is selected in Section 3.