



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.

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| 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. Select the checkbox and enter the Location in TeamWorks to change. |
| Change Address - # | Required, if the request is to change the supplier’s existing address. Select the checkbox and enter the Address ID number in TeamWorks to change. |
| Replace Invoicing Address | This option is required to change a Location’s Invoice Address. Select the checkbox and enter the Location # and the new AddrID# |
| Replace Remittance Address | This option is required to change a Location’s Remittance Address. Select the checkbox and enter the Location # and the new AddrID# |
| HCM Vendor | Required, if the request is for an HCM supplier. Select the checkbox. |
| Statewide Contract (DOAS Use Only) | This option is required for DOAS only. Select the checkbox if the supplier is under an SWC or to identify a supplier as an SWC vendor. |
| Classification Change | Required, if the request is to change the supplier’s current Classification. Circle the new Classification. |
| Other | Only select this option if the request is not listed in Section 4. Must provide details in Section 6. |

SECTION 2 – SUPPLIER IDENTIFICATION (SUPPLIER USE ONLY)

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

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| SUPPLIER NAME | Required. If requesting a name change, enter the new supplier's name. |
| FEI/SSN/TIN | Required. If requesting a TIN change, enter the new FEI/TIN and include an updated W9. |
| PAYMENT ALT NAME | Optional. SUBMIT AS AN ADDRESS REQUEST <ol style="list-style-type: none">1. Complete if payments should use a different name than is indicated above.2. If requesting to change the Payment ALT name, enter the new ALT name.3. Do not add the same name that is in the Additional Name field in TeamWorks. |
| ADDRESS/CITY/STATE/ZIP/COUNTRY | Required. If requesting to change address, enter the new address. |
| DRIVER'S LICENSE #/DL STATE | Optional (For individuals only). |
| 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 new suppliers and banking changes/additions for existing suppliers. Payments will be made electronically via the Automated Clearing House (ACH).

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| ROUTING # | Required. Must be 9-digits. |
| BANK ACCOUNT # | Required. |
| GENERAL BANK ACCOUNT | Required. Select if <u>ALL PAYMENTS</u> from <u>ALL AGENCIES</u> should be deposited to the account provided. |
| SPECIFIC PURPOSE | Required. Select if bank account should be designated for <u>Specific Purpose</u> such as grants, operating accts, Pre-K, etc. |
| PYMT REMIT EMAIL | Optional, but Recommended to receive notification of payment(s) processed. Enter the email address where to send payment notifications. To add or change a payment remit email address for existing bank information, submit as a bank change request. |
| PRINTED NAME OF COMPANY OFFICER | Required. |
| 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.**

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| DEACTIVATE SUPPLIER PROFILE | Select if requesting to deactivate a supplier profile. A justification MUST be provided in Section 6. |
| REACTIVATE SUPPLIER PROFILE | Select if requesting to reactivate an inactive supplier profile. If the supplier was previously denied approval, select this option. |
| ADD NEW BANK ACCOUNT | Select when requesting to add bank account information to your profile. Must also complete Section 3 of the form. |
| CHANGE EXISTING BANK ACCOUNT | Select if requesting to change the current banking information on your profile. Must also complete Section 3 of the form with new bank information. |
| FEI/TIN CHANGE | Select if changing FEIN/TIN. Enter the new number in Section 2 and submit the current updated W9. <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i> |
| SUPPLIER (Business) NAME CHANGE | Select if changing supplier/business name. Enter the new name in Section 2 and submit the current updated W9. |
| ADD ADDITIONAL ADDRESS | Select if adding an <i>additional</i> business address. Enter the additional address in Section 2 of the form. |
| CHANGE EXISTING ADDRESS | Select if changing current business address. Enter the new address in Section 2 of the form. |
| 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-M/ENTER CODE | Required, if requesting to make a supplier 1099 applicable who will receive a 1099-M (excluding non-employee compensation). Enter the appropriate code in the Code field. |
| 1099-N/CODE | Required, if requesting to make a supplier 1099 applicable who will receive a 1099-NEC for Non-employee Compensation. '01' is the only valid code the 1099-N. |
| 1099 ADDR ID# | Enter the Addr ID number where to mail the Supplier's 1099. |
| OTHER | Select if the requested action is <i>not</i> 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 the category definitions below.

| BUSINESS CERTIFICATIONS | |
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| 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 | Women-owned businesses are not considered minority businesses in the State of Georgia. |

SECTION 6 -ADDITIONAL SUPPLIER COMMENTS

This section MUST be completed to "Deactivate" a profile or address if "Other" is selected in Section 4.

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| 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. |