



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 new supplier name.
FEI/SSN/TIN	Required. If requesting to change, enter the new FEI/TIN and include updated W9.
PAYMENT ALT NAME	Optional. <i>SUBMIT AS AN ADDRESS REQUEST</i> 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change ALT name, enter the new ALT name.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the new 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 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 deposited to the account provided.
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 Recommended to receive notification of payment(s) processed. 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 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.**

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate your supplier profile. A justification MUST 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 COMPENSATION ONLY)	Required, if requesting to make a supplier 1099 applicable who will receive a 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 (New suppliers or existing suppliers, new to ACH payments)	Select when requesting to add bank account information to your profile. Must also complete Section 3 of form.
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 <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 submit 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 <u>new name</u> in Section 2 of form. Must submit current, updated W9.
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> 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 <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 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



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 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

<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 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 above.

Liaison Name: _____ Agency BU#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

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: _____
COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____
PRIMARY#: _____ EXT: _____ SECONDARY#: _____ EXT: _____
LANDLINE CELL (USED FOR IDENTITY VERIFICATION) LANDLINE CELL (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

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

<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 6)									
<input type="checkbox"/>	Reactivate Supplier Profile									
<input type="checkbox"/>	Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	Enter Code	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 3)									
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Section 3)									
<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 6)									

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

MINORITY BUSINESS ENTERPRISE (51% Owned):

<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<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 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 4)