VENDOR MANAGEMENT FORM (TeamWorks)

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: YOUR SOCIAL SEC #

VENDOR NAME: YOUR NAME

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

ADDRESS: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT EMAIL: _____

PYMT REMIT EMAIL _____ LOC # _____

PYMT REMIT EMAIL _____ LOC # _____

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 Check one of the two boxes

(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)

☐ New Vendor
☐ Classification Change _____
☐ Name Change**
☐ Bank Account Add
☐ E-Payable
☐ Add address
☐ Change of Address: Address #_____
☐ Bank Account Change
☐ 1099 Code_____
☐ FEI/TIN Change**
☐ Other (provide details in Section 4)
☐ Bank Account Delete

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)

☐ Small Business ☐ Women Owned ☐ Minority Business Enterprise ☐ African American ☐ Asian American
☐ GA Based Business ☐ Minority Business Certified ☐ Hispanic-Latino ☐ Native American ☐ Pacific Islander

SECTION 4 – ADDITIONAL COMMENTS

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

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

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

Signature: _____

Email: _____ Phone: _____ Fax #: _____