



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

<input type="checkbox"/>	Newly Assigned Supplier ID	<input type="text"/>
<input type="checkbox"/>	Existing TeamWorks Supplier ID	<input type="text"/>

SPECIFY THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)

<input type="checkbox"/>	Change Bank Acct - Enter Loc#	<input type="text"/>	<input type="checkbox"/>	<i>(Required for Bank Changes)</i>			
<input type="checkbox"/>	Change Address – Enter Addr ID#	<input type="text"/>	<input type="checkbox"/>	<i>(Required for Address Changes)</i>			
<input type="checkbox"/>	Replace Invoicing Address	Loc# <input type="text"/>	Addr ID# <input type="text"/>	<input type="checkbox"/>	Replace Remittance Address	Loc# <input type="text"/>	Addr ID# <input type="text"/>
<input type="checkbox"/>	HCM Vendor						
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)						
<input type="checkbox"/>	Classification Change (circle one) Attorney, Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority						
<input type="checkbox"/>	Other <i>(Provide Details in Section 6 and Initial)</i>						

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY

FEI/SSN/TIN NUMBER: _____

SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO A 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 # 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. _____

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 <i>(Enter justification in Section 6)</i>		
<input type="checkbox"/>	Reactivate Supplier Profile		
<input type="checkbox"/>	Add New Bank Account (Must complete Section 3)		
<input type="checkbox"/>	Change Existing Bank Account (Must complete Sections 1 & 3)		
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)		
<input type="checkbox"/>	Supplier (Business) Name Change		
<input type="checkbox"/>	Add Additional Business Address (Must complete Section 2)		
<input type="checkbox"/>	Change Existing Business Address (Must complete Sections 1 & 2)		
<input type="checkbox"/>	Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable
<input type="checkbox"/>	1099-M	Enter Code	<input type="checkbox"/> <i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	1099-N	Code	<input type="checkbox"/> 01 <i>(01 is the only code available for the 1099-NEC)</i>
<input type="checkbox"/>	1099 ADDR ID#	<input type="checkbox"/>	<i>(Enter Address ID # where to mail 1099)</i>
<input type="checkbox"/>	Other <i>(Provide Details in Section 6)</i>		

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

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

*Small Business

Women Owned

GA Resident Business

Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

Hispanic – Latino

African American

Native American

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.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if the "Other" or "Deactivate" boxes are checked in Section 1)

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's name and Tax ID listed below.

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