VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

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 NUMBER:_____

VENDOR NAME: _____

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

ADDRESS:_____

ADDRESS CONT:_____

CITY: _____STATE:_____ZIP CODE: _____ COUNTRY:_____

PHONE NUMBER: _____FAX NUMBER: _____

EMAIL: _____

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_____

(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	☐ Employee	☐ 1099 Code_____
☐ Classification Change _____	☐ Add address	☐ FEI/TIN Change**
☐ Name Change**	☐ Change of Address: Address #_____	☐ Right of Way Purchase
☐ Vendor Deactivation	☐ Fleet Anywhere Vendor	☐ Other (provide details in Section 4)
☐ Bank Account Add	☐ Bank Account Change	☐ 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)*

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

Email: _____**Phone:**_____**Fax #:** _____