|  |  |
| --- | --- |
| Logo  Description automatically generated | **SCR FORM AGENCY LIAISON DESK AID** |

This is an **internal** document **strictly** designed to assist Agency Liaisons with reviewing the SCR form and ensuring Georgia suppliers properly complete and submit their supplier change requests.

**X – REQUIRED**

**X – OPTIONAL OR MAY BE REQUESTED**

|  |  |  |
| --- | --- | --- |
| **REQUEST** | **FORM COMPLETION** | **DOCUMENTS TO SUBMIT** |
| **W-9** | **SCR** | **VOIDED CHECK/****BANK LETTER** | **PROOF OF ADDRESS** |
| 1099 ELIGIBILITY CHANGE**(CANNOT CHANGE TO NON-ELIGIBLE STATUS, IF SUPPLIER IS ALREADY 1099 ELIGIBLE)** | 1. The supplier should complete Sections 1, 2, and 3.
2. Complete Section 4 by selecting “1099 Eligible” to change a supplier that is **NOT** currently 1099 eligible to a 1099 eligible status.
	1. The Agency Liaison must indicate where the 1099 is to be mailed by entering the Addr ID #. **Required** for all 1099 eligible requests.
	2. Select the 1099 form type and enter the appropriate code if applicable.
3. The Agency Liaison must complete Section 5.
 |  | **X** |  |  |
| ADD ADDITIONAL ADDRESS  | 1. The supplier should complete Sections 1, 2, and 3.
2. Select which type of address is to be added (physical, mailing, or payment remit to).
3. Enter either the complete physical, mailing, or payment remit to add in Section 1 of the form. **The county is required.**
4. In Section 4, select “Add Additional Address”. Enter Payment Alt Name (if applicable). **Enter the DBA as a Payment Alt Name**.
5. The Agency Liaison must complete Section 5.
 |  | **X** |  | **X** |

|  |  |  |
| --- | --- | --- |
| **REQUEST** | **FORM COMPLETION** | **DOCUMENTS TO SUBMIT** |
| **W-9** | **SCR** | **VOIDED CHECK/****BANK LETTER** | **PROOF OF ADDRESS** |
| CHANGE EXISTING ADDRESS | 1. The supplier should complete Section 1
	1. Select which address is to be changed (physical, mailing, or payment remit to).
	2. Enter either the new complete physical, mailing, or payment remit to in Section 1 of the form. **The county is required**.
2. The supplier should complete Sections 2 and 3.
3. In Section 4, select “Change/Correct Existing Address”.
4. The Agency Liaison is **required** to enter the “Address ID #”.
5. Enter Payment Alt Name if applicable.
6. The Agency Liaison must complete Section 5.

**If a Payment Alt Name is not on the SCR form for an address change, but a Payment Alt Name already exists on the supplier’s profile it will be removed.** |  | **X** |  | **X** |
| CHANGE/ADDPAYMENT ALT NAME**Enter the DBA** | ***SUBMIT AS AN ADDRESS CHANGE REQUEST***1. The supplier should complete Section 1
	1. Select which address the Payment Alt Name is or will be attached to or removed from (physical, mailing, or payment remit to).
2. The supplier should complete Sections 2 and 3.
3. In Section 4, select “Change/Correct Existing Address”.
4. The Agency Liaison is required to enter the “Address ID #”.
5. Enter Payment Alt Name.
6. The Agency Liaison must complete Section 5.
 |
| FEI/TIN CHANGE**\*If the supplier is 1099 eligible, the FEIN/SSN cannot be changed\*** | 1. The supplier should complete Section 1.
	1. Enter the **new tax ID number** in Section 1**.**
2. The supplier should complete Sections 2 and 3.
3. In Section 4, select ”FEIN/TIN Change” and any other applicable option.
4. The Agency Liaison must complete Section 5.
 | **X** | **X** |  |  |
| APPROVAL OF NEW SUPPLIER | 1. The supplier should complete Sections 1, 2, and 3.
2. Complete Section 4, if applicable.
3. The Agency Liaison must complete Section 5.
 | **X** | **X** |  | **X** |

|  |  |  |
| --- | --- | --- |
| **REQUEST** | **FORM COMPLETION** | **DOCUMENTS TO SUBMIT** |
| **W-9** | **SCR** | **VOIDED CHECK/****BANK LETTER** | **PROOF OF ADDRESS** |
| ADD NEW BANK ACCOUNT | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 2, the supplier must:
	1. Select Add New bank account
	2. Enter the exact name that is on the bank account
	3. Enter the name of the bank
	4. Enter the 9-digit routing number
	5. Enter the complete bank account number
	6. Select whether the payment is for General deposits or Specific Purpose **(such as grants or programs. This option is not for invoices or type of work performed)**
	7. Enter the EMAIL addresses for remittance notification **(do not accept postal addresses)**
	8. Enter name, sign, and date
3. Select other options in Section 4, if applicable.
4. The Agency Liaison must complete Section 5.
 |  | **X** | **X** |  |
| CHANGE BANK ACCOUNT | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 2, the supplier must:
	1. Select Change bank account
	2. **The Agency Liaison must enter the Loc #**
	3. Enter the exact name that is on the new bank account
	4. Enter the name of the new bank
	5. Enter the new 9-digit routing number
	6. Enter the complete new bank account number
	7. Select whether the payment is for General deposits or Specific Purpose **(such as grants or programs. This option is not for invoices or type of work performed)**
	8. Enter the EMAIL addresses for remittance notification **(do not accept postal addresses)**
	9. Enter name, sign, and date
3. Select other options in Section 4, if applicable.
4. The Agency Liaison must complete Section 5.
 |  | **X** | **X** |  |

|  |  |  |
| --- | --- | --- |
| **REQUEST** | **FORM COMPLETION** | **DOCUMENTS TO SUBMIT** |
| **W-9** | **SCR** | **VOIDED CHECK/****BANK LETTER** | **PROOF OF ADDRESS** |
| CLASSIFICATION CHANGE | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 4, select Classification Change and the new Classification.
3. The Agency Liaison must complete Section 5.
 |  | **X** |  |  |
| DEACTIVATE SUPPLIER PROFILE | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 4, select Deactivate Supplier Profile.
3. The Agency Liaison must complete Section 5.

**The supplier MUST provide written justification. See Justification Letter details below.** |  | **X** |  |  |
| HCM Vendor**To Add a new HCM Vendor** | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 4, select “HCM Supplier”.
3. The Agency Liaison must complete Section 5.
 | **X** | **X** |  |  |
| REACTIVATE SUPPLIER PROFILE | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 4, select Reactivate Supplier Profile.
3. The Agency Liaison must complete Section 5.
 | **X** | **X** |  |  |
| SUPPLIER NAME CHANGE | 1. The supplier should complete Sections 1, 2, and 3.
	1. Enter the supplier’s new name in Section 1.
2. In Section 4, select Supplier Name Change.
3. The Agency Liaison must complete Section 5.
 | **X** | **X** |  |  |
| OTHER | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 4, select “Other” if the supplier is requesting any request that is not listed Sections 2 or 4 of the SCR form.
	1. Enter the request in the Comments field.
3. The Agency Liaison must complete Section 5.
 | **X** | **X** | **X** | **X** |
| STATEWIDE CONTRACT**(DOAS Use Only)** | 1. The supplier should complete Sections 1, 2, and 3.
2. In Section 4, select “Statewide Contract” if requesting to identify a supplier that is under a statewide contract.
3. The Agency Liaison must complete Section 5.
 |  |  |  |  |
| INACTIVATIONS (ADDRESSES & BANKING) | 1. The supplier should complete Sections 1, 2, and 3.
	1. If inactivating an address, complete Section 1 as an address change.
	2. If inactivating a bank location, complete Section 2 as a bank change.
2. In Section 4, select the applicable “Change Bank Account” or “Change Existing Address”.
3. The Agency Liaison must complete Section 5.

**The supplier MUST provide written justification. See Justification Letter details below.** |  | **X** |  |  |

**JUSTIFICATION LETTERS**

The supplier is **required** to submit a justification for any inactivation request. The letter should include:

* The supplier’s name (as it appears in TW)
* Tax ID #
* Supplier ID #
* Physical Address (as it appears in TW)
* Contact Name
* Contact Phone #
* Reason why they are requesting inactivation
* Signature
* Signature date

**DEFINITION OF TERMS**

1. **1099 Eligibility** – visit <https://www.irs.gov/instructions/i1099mec> for detailed information.
2. **Account Number** – the supplier’s bank account number where ACH payments are sent to.
3. **Additional Address** – an additional address is any address that is not the physical address (also known as the primary address or Addr ID 1).
4. **ADDR ID#** – a sequential number assigned to an address by the financial system.
5. **Contact** – is an individual authorized by a business that SAO may communicate with to verify information.
6. **DBA (Doing Business As)** – an additional name the supplier is known as.
7. **Existing Address** – an address that is already on the supplier’s profile. A physical, mailing, and remit to address can be referred to as an existing address.
8. **FEI/SSN** – U.S. tax identification number assigned to individuals and businesses. This number is always 9 digits.
9. **Foreign TIN** - tax identification number assigned to individuals and businesses by their home country.
10. **General Bank Account** – the bank account where any state agency or technical school can send payments via ACH.
11. **HCM Vendor** – a supplier strictly used by HR.
12. **Invoice Address** - an address the supplier provides that is listed on the invoice that they submit. Do not add if it already exists as any other address.
13. **LOC ID#** – a sequential number assigned to a bank Location by the financial system.
14. **Mailing Address** – an address the supplier provides as their mailing address that is different from their physical address, i.e., where to mail a 1099.
15. **Payment Alt Name** – a name other than the supplier’s name to be printed on the supplier’s check.
16. **Payment Remit Email Address** – the supplier’s email address where they want to receive notification of their payments.
17. **Physical Address** – the supplier’s primary address. This address is always assigned to ADDR ID 1. The address cannot be a P O Box.
18. **Remit To Address** – an address the supplier provides as the address they want to receive their paper check payments.
19. **Routing Number** – a 9-digit number that identifies a specific bank. This number is always a 9-digit number.
20. **Specific Purpose** – the bank account where only a specified agency or technical school will send payments via ACH for a specified purpose. Do not use Specific Purpose for general invoices, services, or products.