



# 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**

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

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

<input type="checkbox"/>	Change Bank Acct - Enter Loc#	<input type="checkbox"/>	(Required for Bank Changes)
<input type="checkbox"/>	Change Address – Enter Addr ID#	<input type="checkbox"/>	(Required for Address Changes)
<input type="checkbox"/>	Classification Change		
<input type="checkbox"/>	HCM Vendor		
<input type="checkbox"/>	Statewide Contract <b>(DOAS Use Only)</b>		
<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 below.**

**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 #**           **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 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
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**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				
Non- 1099 Applicable <input type="checkbox"/>	1099 Applicable <input type="checkbox"/>	1099-N <input type="checkbox"/>	1099-M <input type="checkbox"/>	Enter Code <input type="text"/>	<i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	Add <b>New</b> Bank Account <b>(Must complete Section 3)</b>				
<input type="checkbox"/>	Change <b>Existing</b> Bank Account <b>(Must complete Sections 1 &amp; 3)</b>				
<input type="checkbox"/>	FEI/TIN Change <b>(Cannot be changed if 1099 applicable)</b>				
<input type="checkbox"/>	Supplier (Business) Name Change				
<input type="checkbox"/>	Add <b>Additional</b> Business Address <b>(Must complete Section 2)</b>				
<input type="checkbox"/>	Change <b>Existing</b> Business Address <b>(Must complete Sections 1 &amp; 2)</b>				
<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 either have 300 or less employees OR \$30 million or less in gross receipts per year.

**SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 4)**

# VENDOR MANAGEMENT FORM QUICK REFERENCE GUIDE

Purpose: Instructions to Complete the Vendor Management Form

Users Affected: New and Current Contractors

**IMPORTANT!! FILL OUT FORM IN ITS ENTIRETY – MISSING OR INVALID INFORMATION CAN LEAD TO DELAYS OR DISQUALIFICATION**

Section	Field	Expectations
<b>Section #1</b>	<b>State of Georgia</b>	<b>DFCS USE ONLY</b>
	All Fields	<b>FOR DFCS PROGRAM USE ONLY – Not to be filled out by Contractor.</b>
Section	Field	Expectations
<b>Section #2</b>	<b>Supplier Identification</b>	<b>Required for: *ANNUAL CONTRACT SUBMISSIONS NEW CONTRACTORS AND CURRENT CONTRACTORS MAKING CHANGES</b>
	FEI/SSN/TIN	<b>REQUIRED</b> If requesting to change, enter the <b>NEW</b> FEI/TIN and include <b>current updated W-9.</b>
	SUPPLIER NAME	<b>REQUIRED</b> Must match legal name on Secretary of State If requesting to change name, enter the <b>NEW</b> supplier name.
	PAYMENT ALT NAME	<b>OPTIONAL</b> 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change ALT name, enter the <b>NEW</b> ALT name.
	ADDRESS/CITY/STATE/ZIP/COUNTRY	<b>REQUIRED</b> If requesting to change address, enter the <b>NEW</b> Address.
	DRIVERS LICENSE # / DL STATE	<b>OPTIONAL</b>
	PHONE NUMBER(S) <i>State representative WILL call the primary number to verify the information.</i>	<b>REQUIRED</b> Enter the direct number(s) to the authorized business contact person(s). <i>(Be advised that the contact person <b>MUST</b> include a number through which they can easily be reached when completing the vendor management form as <b>a State representative WILL call the primary number to verify the information.</b>)</i>
	CONTACT EMAIL	<b>OPTIONAL</b>
Section	Field	Expectations
<b>Section #3</b>	<b>Bank Account Information</b>	<b>Required for: *ANNUAL CONTRACT SUBMISSIONS NEW CONTRACTORS AND CURRENT CONTRACTORS MAKING CHANGES</b>
	ROUTING #	<b>REQUIRED</b>
	BANK ACCOUNT #	<b>REQUIRED</b>
	GENERAL BANK ACCOUNT	<b>REQUIRED</b> - Check Box if <u>ALL</u> payments from <u>ALL</u> agencies should be submitted to account listed above.
	SPECIFIC PURPOSE	<b>REQUIRED</b> - Check Box if bank account should be designated for <u>specific purpose</u> such as grants, operating accts, pre-k, etc.

	PYMT REMIT EMAIL(s)	<b>RECOMMENDED</b> Enter the email address(es) where payment notifications should be sent.
	PRINTED NAME OF COMPANY OFFICER	<b>REQUIRED</b>
	SIGNATURE OF COMPANY OFFICER	<b>REQUIRED</b> Electronic signatures are permitted.
	DATE	<b>REQUIRED</b> Must be current.
	Voided Check or Bank Letter	<b>REQUIRED – Not required for annual contract submissions</b> A bank letter on official bank's letterhead with signature of banking representative. <i>(If a voided check that has the supplier's name and account information cannot be provided, a letter from the bank on bank letterhead should include the date, the business/supplier (account owner) name, and account information (routing # and bank account #). The letter should be signed by a bank representative.)</i>
<b>Section</b>	<b>Field</b>	<b>Expectations</b>
<b>Section #4</b>	<b>Specify Type of Action(s)</b>	<b>Required for: NEW CONTRACTORS AND CURRENT CONTRACTORS MAKING CHANGES</b>
	DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate your supplier profile. A justification <b>MUST</b> be typed in Section 5.
	REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile.
	1099 APPLICABLE	If requesting to be 1099 applicable, check the box <i>and</i> enter code on the line.
	ADD NEW BANK ACCOUNT (New suppliers or existing suppliers, new to ACH payments)	Select when requesting to <b>add</b> bank account information to your profile. Must also complete Section #3 of form.
	CHANGE EXISTING BANK ACCOUNT	Select if requesting to <b>change</b> 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 <b>new number</b> in Section #2 and <b>submit current, updated W9</b> . <i>*If 1099 applicable, the FEI/TIN cannot be changed.</i>
	SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter <b>new name</b> in Section #2 of form. <b>Must submit current, updated W9.</b>
	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 <b>new address</b> in Section #2 of form.
	OTHER (Provide details in Section 5)	Select if requested action, is <i>not</i> listed above. Must provide request details in Section 6.
<b>Section</b>	<b>Field</b>	<b>Expectations</b>
<b>Section #5</b>	<b>Type of Business</b>	<b>Required for: NEW CONTRACTORS AND CURRENT CONTRACTORS MAKING CHANGES</b>
	Business Certifications	Check all boxes that apply
<b>Section</b>	<b>Field</b>	<b>Expectations</b>
<b>Section #6</b>	<b>Additional Supplier Comments</b>	Required if "Other" or "Deactivate" is checked in Section #4.