



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"/>	<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"/>	<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"/>	<i>(Required for Bank Changes)</i>
<input type="checkbox"/> Change Address – Enter Addr ID#	<input type="checkbox"/>	<i>(Required for Address Changes)</i>
<input type="checkbox"/> Classification Change	<input type="checkbox"/>	
<input type="checkbox"/> HCM Vendor	<input type="checkbox"/>	
<input type="checkbox"/> Statewide Contract (DOAS Use Only)	<input type="checkbox"/>	
<input type="checkbox"/> Other <i>(Provide Details in Section 6 and Initial)</i>	<input type="checkbox"/>	

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 _____

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="checkbox"/>	<i>(Required for Form 1099-M)</i>
<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"/>	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)