SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 1-5.
Agency Vendor Liaisons MUST complete the " AGENCY LIAISON USE ONLY" section prior to submission to SAO.

STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER		
☐	Newly Assigned Supplier ID	☐☐☐☐☐☐☐☐☐☐
☐	*Existing* TeamWorks Supplier ID	☐☐☐☐☐☐☐☐☐☐

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

☐	Change Bank Acct - Loc# ____
☐	Change Address - # _____
☐	Classification Change
☐	HCM Vendor
☐	Statewide Contract (DOAS Use Only)
☐	Other (*Provide Details in Section 5 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 above.

Liaison Name: _____ **Agency BU#:** _____

Signature: _____ **Date:** _____

Email: _____ **Phone:** _____

SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

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 2 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)

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 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.	
☐	Deactivate Supplier Profile (Enter justification in Section 5)
☐	Reactivate Supplier Profile
☐	1099 Applicable. Enter Code _____
☐	Add *New* Bank Account (Must complete Section 2)
☐	Change *Existing* Bank Account (Must complete Section 2)
☐	FEI/TIN Change (Cannot be changed if 1099 applicable)
☐	Supplier (Business) Name Change
☐	Add *Additional* Business Address
☐	Change Existing Business Address
☐	Other (Provide Details in Section 5)

SECTION 4 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

☐ *Small Business
☐ GA Resident Business
☐ Women Owned
☐ Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

☐ Hispanic – Latino
☐ Asian American
☐ African American
☐ Pacific Islander
☐ Native American
☐ 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 have either less than 300 employees OR less than $30 million in gross receipts per year.

SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 3)

SUPPLIER (VENDOR) MANAGEMENT FORM

INSTRUCTIONS FOR SUPPLIERS

SECTION 1- SUPPLIER IDENTIFICATION

This section MUST be completed in its entirety, unless otherwise indicated in the description boxes below.

SUPPLIER NAME	Required. If requesting to change name, enter the ***new*** supplier name.
FEI/SSN/TIN	Required. If requesting to change, enter the ***new*** FEI/TIN and include ***updated*** W9.
PAYMENT ALT NAME	Optional. 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change ALT name, enter the ***new*** ALT name.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the ***new*** address.
DRIVER'S LICENSE #/DL STATE	Optional.
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

SECTION 2- BANK ACCOUNT INFORMATION

This section MUST be completed in its entirety, for all new suppliers and banking changes/additions for existing suppliers. Payments will be made electronically via the Automated Clearing House (ACH).

ROUTING #	Required.
BANK ACCOUNT #	Required.
GENERAL BANK ACCOUNT	Required if ALL payments from ALL agencies should be submitted to account listed above.
SPECIFIC PURPOSE	Required if bank account should be designated for specific purpose such as grants, operating accts, pre-k, etc.
PYMT REMIT EMAIL	Optional, but **Recommended** to receive notification of payment(s) processed. Enter the email address where payment notifications should be sent.
PRINTED NAME OF COMPANY OFFICER	Required.
SIGNATURE OF COMPANY OFFICER	Required. Electronic signatures are permitted.
DATE	Required. Must be current.

SECTION 3- SPECIFY TYPE OF ACTION(S)

Select all items that pertain to this request. **If no selection is made, the form will be rejected**.

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate your supplier profile. A justification MUST 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 ***and*** enter code on the line.

ADD NEW BANK ACCOUNT (New suppliers or existing suppliers, new to ACH payments)	Select when requesting to add bank account information to your profile. Must also complete Section 2 of form.
CHANGE EXISTING BANK ACCOUNT	Select if requesting to change the current banking information in your profile. Must also complete Section 2 of form.
FEI/TIN CHANGE **If 1099 applicable, the FEI/TIN cannot be changed**	Select if changing FEI/TIN. Enter new number in Section 1 and **submit current, updated W9.** **If 1099 applicable, the FEI/TIN cannot be changed*
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter new name in Section 1 of form. **Must submit current, updated W9.**
ADD *ADDITIONAL* ADDRESS	Select if adding an *additional* business address to your profile. Enter additional address in Section 1 of form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter new address in Section 1.
OTHER (Provide details in Section 5)	Select if requested action is *not* listed above. Must provide request details in Section 5.

SECTION 4- TYPE OF BUSINESS

This section should only be completed if applicable. Please review category definitions below.

BUSINESS CERTIFICATIONS	
SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than $30 million in gross receipts per year.
GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".
WOMEN OWNED	Woman-owned businesses are not considered minority businesses in the State of Georgia.

SECTION 5 -ADDITIONAL SUPPLIER COMMENTS

Required. This section MUST be completed if "Deactivate" or "Other" is selected in Section 3.