



SUPPLIER (VENDOR) MANAGEMENT FORM

The Vendor Liaison should submit this form to SAO Vendor Management Group for verification and approval. Agency Liaisons MUST complete Section 5 of the form to obtain approval. All necessary supporting documentation must be attached.

SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

☐ NEW ☐ EXISTING

SUPPLIER NUMBER: _____ 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 CHANGES/ADDS FOR EXISTING SUPPLIERS)

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 SPECIFIC purpose.

Describe specific purpose _____

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____ LOC#: _____

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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 (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Classification Change | <input type="checkbox"/> Reactivate/Deactivate (Enter Justification in Section 4) | <input type="checkbox"/> 1099 Code _____ |
| <input type="checkbox"/> Name/FEI/TIN Change | <input type="checkbox"/> Change Address (Address#) _____ | <input type="checkbox"/> Add Address _____ |
| <input type="checkbox"/> Add Bank Account | <input type="checkbox"/> Bank Acct. Change (Loc#) _____ | <input type="checkbox"/> HCM Vendor _____ |
| <input type="checkbox"/> Statewide Contract (SWC) | <input type="checkbox"/> Other (Details in Section 5) | |

SECTION 4 – TYPE OF BUSINESS (Check all that apply)

Based on Georgia law (OCGA 50-5-21) (3) "Small business" means a 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.

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Women Owned |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified |

MINORITY BUSINESS ENTERPRISE (51% Owned):

- | | | |
|--|---|--|
| <input type="checkbox"/> Hispanic – Latino | <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Not Applicable |

SECTION 5 – ADDITIONAL COMMENTS

AGENCY USE ONLY

STATE OF GEORGIA AGENCY LIAISON CONTACT INFORMATION (TO BE COMPLETED BY AGENCY LIAISON ONLY, ALL FIELDS ARE REQUIRED.)

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: _____

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