



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											
Existing TeamWorks Supplier ID											

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

Change Bank Acct - Enter Loc#		(Required for Bank Changes)
Change Address – Enter Addr ID#		(Required for Address Changes)
Classification Change		
HCM Vendor		
Statewide Contract (DOAS Use Only)		
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

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

	Deactivate Supplier Profile (Enter justification in Section 6)										
	Reactivate Supplier Profile										
	Non- 1099 Applicable		1099 Applicable		1099-N		1099-M		Enter Code		<i>(Required for Form 1099-M)</i>
	Add <u>New</u> Bank Account (Must complete Section 3)										
	Change <u>Existing</u> Bank Account (Must complete Sections 1 & 3)										
	FEI/TIN Change (Cannot be changed if 1099 applicable)										
	Supplier (Business) Name Change										
	Add <u>Additional</u> Business Address (Must complete Section 2)										
	Change <u>Existing</u> Business Address (Must complete Sections 1 & 2)										
	Other (Provide Details in Section 6)										

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

*Small Business	<input type="checkbox"/>	Women Owned	<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
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)