

## 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 THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)
Change Bank Acct - Enter Loc# (Required for Bank Changes)
Change Address – Enter Addr ID#     (Required for Address Changes)
Replace Invoicing Address     Loc#     Addr ID#     Replace Remittance Address     Loc#     Addr ID#
HCM Vendor
Statewide Contract (DOAS Use Only)
Classification Change (circle one) Attorney, Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority
Other (Provide Details in Section 6 and Initial)
SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY FEI/SSN/TIN NUMBER: SUPPLIER NAME: PAYMENT ALT NAME: (IF PAYABLE TO A 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 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 a SPECIFIC PURPOSE.
Describe specific purpose
ACCOUNTS RECEIVABLE NOTIFICATION
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 TYP Deactivate Supplier Profile	Entor instification in Cool	tion 6			
	Enter justification in Sect	.011 8)			
Reactivate Supplier Profile Add <b>New</b> Bank Account (M	et complete Costion 2	<u>۱</u>			
	•	•			
Change <u>Existing</u> Bank Account					
FEI/TIN Change (Cannot be		able)			
Supplier (Business) Name C	-				
Add <u>Additional</u> Business Ad		•			
Change Existing Business A		Sections 1 & 2)			
Non- 1099 Applicable	1099 Applicable				
1099-M	Enter Code	(Required for Form 1	099-M)		
1099-N	Code 01	(01 is the only code a	vailable for the 1099-NEC)		
.099 ADDR ID# (Enter )	Address ID # where to ma	il 1099)			
Other (Provide Details in Sect	ion 6)				
-					
ECTION 5 – TYPE OF BUS	INESS (Check All That	<mark>t Apply)</mark>			
BUSINESS CERTIFICAT	IONS - CHECK ALL T	ματ αρρίν		JSINESS ENTERPRISE (	51% Owned):
*Small Business				] [	7
GA Resident Business		ien Owned	Hispanic – Latino Asian American	African American Pacific Islander	Native America Not Applicable
	Minority R			i acine isianaci	Νοι Αρριταρία
ave 300 or less employees OR \$30	21) (3) "Small Business" n million or less in gross rec	ceipts per year.	hich is independently owned an		
ave 300 or less employees OR \$30	21) (3) "Small Business" n million or less in gross rec	neans any business w ceipts per year.	hich is independently owned an		
ave 300 or less employees OR \$30 ECTION 6 – ADDITIONAL S	21) (3) "Small Business" n million or less in gross red SUPPLIER COMMEN	neans any business w reipts per year. TS (Required if t (Required if t reipts below.	hich is independently owned an the "Other" or "Deactiva he to submit information	ate" boxes are check that is complete, accu Agency BU#:	ed in Section 1
Based on Georgia law (OCGA 50-5- lave 300 or less employees OR \$30 ECTION 6 – ADDITIONAL S ECTION 6 – ADDITIONAL S Sy my signature, I certify that issociated with the supplier Liaison Name:	21) (3) "Small Business" n million or less in gross red SUPPLIER COMMEN	neans any business w reipts per year. TS (Required if t (Required if t rt has been mad listed below.	hich is independently owned an he "Other" or "Deactive he to submit information	ate" boxes are check that is complete, accu	ed in Section 1