

### **Vendor Management Change Form Instructions**

The Vendor Management Group (VMG) has redesigned the Vendor Management Change form to simplify the change process for existing vendors in the PeopleSoft Financial system. This form is required for submission of all changes to an existing vendor's master file. Information can be typed into this form, saved and emailed to necessary parties. Always change the filename and save the form to your hard drive before making changes.

#### **SECTION 1**

<b>Vendor Number</b> -Vendor number assigned by the PeopleSoft Financial system.
<b>FEI/SSN /Employee ID Number (EE)</b> -All companies (corporations, partnerships, LLC's) have an IRS issued Federal Employer Identification (FEI) number or a Taxpayer Identification Number (TIN). All individuals must list their Social Security Number (SSN). FEI and SSN are nine digit numbers. Employee ID Number (EE) should be used by State of Georgia Employees—agencies can obtain this information from Human Capital Management System. This is an eight digit number.
<b>Current Vendor Name</b> - List the entire name of the business or individual that corresponds to the applicable FEI or SSN.
<b>New Vendor Name</b> -Only complete this line if there has been a legal name change. Applicable documentation must be submitted as indicated on the vendor management form.
<b>Payment Alternate Name</b> -If the payee name is different from the parent vendor name, the alternate payee name should be provided.
<b>Address, City, State, Zip, Country, Phone, Fax and Email</b> - should always be filled in where applicable.

#### **SECTION 2**

<b>Name Change</b> - Proper documentation is required for VMG to confirm the legal name change.
<b>Add Address</b> - Enter Address.
<b>Change of Address</b> - Please indicate which address number in the PeopleSoft Financial system to change.
<b>Classification Change</b> -(e.g. contractor became an employee).
<b>1099 Code</b> -Two digit code used by the IRS to describe the type of income paid to the vendor.
<b>TIN Change</b> - Requires a new w-9 or a copy of a letter from the IRS showing the assignment of a new FEI.

**Other**-include details in “Section 3 – Additional Comments” on the vendor management form.

**Vendor Deactivation** – Agency must certify that there are no outstanding vouchers or purchase orders for this vendor for their specific business unit.

### ***SECTION 3***

Include any additional comments in this section.

### ***SECTION 4***

Complete all parts of this section to ensure VMG has complete contact information if questions arise.

#### ***Questions?***

**Vendors**—direct all inquires to the state agency conducting business with the vendor.

**State Agencies**—direct all inquires to the Vendor Management Group at [psvendor@sao.ga.gov](mailto:psvendor@sao.ga.gov) or 404-657-3956, option #4.



## VENDOR MANAGEMENT CHANGE FORM (PeopleSoft Financial System)

This form should be used for existing, employee, non-employee vendor requests. All applicable parts of the form must be completed by the initiating agency and approved. **The initiating Agency will submit this form to the Vendor Management Group for verification and approval.**

### SECTION 1 – VENDOR IDENTIFICATION (COMPLETE APPLICABLE FIELDS)

VENDOR NUMBER: \_\_\_\_\_ FEI/SSN/EE ID NUMBER: \_\_\_\_\_

CURRENT VENDOR NAME: \_\_\_\_\_

NEW VENDOR NAME: (IF APPLICABLE) \_\_\_\_\_

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### SECTION 2- SPECIFY TYPE OF ACTION (FOR AGENCY USE ONLY)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Classification Change | <input type="checkbox"/> Add Address                          | <input type="checkbox"/> 1099 Code _____ |
| <input type="checkbox"/> Name Change*          | <input type="checkbox"/> Change of Address: Address # _____   | <input type="checkbox"/> TIN Change      |
| <input type="checkbox"/> Vendor Deactivation   | <input type="checkbox"/> Other (provide details in section 3) |  |

(I certify no outstanding liabilities exist for this vendor for my BU) \_\_\_\_\_  
Signature

(\*Additional documentation is required; please attach.)

### SECTION 3 – ADDITIONAL COMMENTS

### SECTION 4 – AGENCY CONTACT INFORMATION

Agency Requestor: \_\_\_\_\_ Agency BU#: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Documentation for Vendor Name changes must include at least one of the following:** IRS documentation (tax documents, FEI issuance letter, etc.); Confirmation from Secretary of State's office of legal name change **OR** a newly completed W-9 form provided by the vendor.