



# SUPPLIER VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

County Departments should have Sections 1, 3 & 5 (mandatory) & Sections 2 & 4 (optional) filled out prior to submitting this form to Mayors Finance. Once complete this form should be sent to suppliers@slco.org. For questions, call (385) 468-7100.

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

SUPPLIER NUMBER: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

SUPPLIER TYPE: Corporation Medical Partnership/LLC Individual Exempt: Type \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

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

PAYMENT ADDRESS: \_\_\_\_\_ PROCUREMENT ADDRESS: \_\_\_\_\_

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

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

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

## SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK OR EFT INSTRUCTION SHEET)

ROUTING # \_\_\_\_\_ BANK ACCOUNT # \_\_\_\_\_

Checking Savings

Check here if this account can only be used for a SPECIFIC purpose \_\_\_\_\_

(Indicate specific purpose for which this account can be used)

I authorize Salt Lake County to deposit payment for goods 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 supplier or individual named above. I understand it is the sole responsibility of the vendor or individual to notify Salt Lake County of any changes to the bank account information.

\_\_\_\_\_  
(Supplier Printed Name)

\_\_\_\_\_  
(Supplier Signature)

\_\_\_\_\_  
(Date)

## SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- New Supplier
- Employee
- Other (provide details in Sec. 4)
- Classification Change \_\_\_\_\_
- Add address
- TIN Change
- Name Change
- Change of Address: Address # \_\_\_\_\_
- Supplier Deactivation
- Bank Account Add
- Bank Account Change
- Bank Account Delete

**Documentation for Supplier Name/TIN changes must include at least one of the following: TIN documentation (tax documents, FEI issuance letter, etc);**

### SIC CODES (CHECK ALL THAT APPLY)

- Small Business
- Women Owned
- Veteran
- Minority Business
- Local

## SECTION 4 – ADDITIONAL COMMENTS

## SECTION 5 – SALT LAKE COUNTY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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