



SUPPLIER VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

All forms will be returned To Mayor s Finance by the originating County Department. Sections 1, 3 & 5 are mandatory and Sections 2 & 4 are optional. For questions, call (385) 468 7100.

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

SUPPLIER NUMBER: _____ SSN/EIN (required): _____

SUPPLIER TYPE: Corporation Medical Partnership/LLC Individual Exempt: Type _____

SUPPLIER FREQUENCY: Regular One-Time

SUPPLIER NAME (as shown on your income tax return): _____

SUPPLIER BUSINESS NAME, if different from above _____

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)

BANK NAME _____ BANK ROUTING # _____

Checking Savings BANK ACCOUNT # _____

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

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

For all bank account modifications/changes, please submit either the last check/EFT number & payment amount received from Salt Lake County OR the last Invoice Number & invoice amount that was submitted to Salt Lake County for payment.

Check/EFT Number _____ Check/EFT Amount _____

Invoice Number _____ Invoice Amount _____

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) (REQUIRED)

- 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);

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – SALT LAKE COUNTY ORGANIZATION/DEPARTMENT VERIFICATION (REQUIRED- Salt Lake County Employees Only)

Verified By (printed name): _____ Date: _____

Verified By (signature): _____ Title: _____ Phone: _____