



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: _____
(Internal Use Only)

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 (Optional) – 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
- Classification Change _____
- Name Change
- Bank Account Add
- Employee
- Add address
- Change of Address: Address # _____
- Bank Account Change
- Other (provide details in Sec. 4)
- TIN Change
- Supplier Deactivation
- 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: _____