



SUPPLIER CHANGE REQUEST FORM INSTRUCTIONS

Agency Vendor Liaisons **MUST** complete all areas indicated (as required) for Agency Liaisons and review the form to ensure the supplier has completed the areas for Supplier Use Only.

New	Select if the supplier has not been approved.
Existing	Select if the supplier is an existing supplier.
Supplier ID Number (REQUIRED)	Enter the Supplier ID Number.

SECTION 1 SUPPLIER IDENTIFICATION

This section **MUST** be completed in its **entirety** by the supplier unless otherwise indicated in the descriptions below.

FIELD	DESCRIPTION
FEI/SSN/TIN (REQUIRED)	Required for all requests. If requesting to change or correct a tax identification number, the supplier must enter their full 9-digit current, new, or correct tax identification number, i.e., SSN/TIN/EIN in this field.
SUPPLIER NAME(REQUIRED)	Required for all requests. If the supplier is requesting to change or correct their name, enter the supplier's current, new, or correct name in this field.
DOING BUSINESS AS (dba)	Enter the supplier's DBA name, if different from the supplier's name. If the supplier is requesting to add/change/correct their DBA name, enter the supplier's new or correct DBA name.
PHYSICAL ADDRESS (REQUIRED)	Required for all requests and must be the address already on record unless the supplier is requesting a change. If the supplier is requesting to add, change, or correct an existing address, enter the new, additional, or correct address in this field. *P O BOXES ARE ONLY PERMITTED AS ADDITIONAL ADDRESSES*
CONTACT EMAIL	Optional for all requests. To add/change/correct a contact email address, enter the new or correct email address in this field and submit the request as an address change request.
PHONE NUMBERS (REQUIRED)	The supplier's primary phone number is required for all requests. Enter the direct number of the authorized business contact person in this field. If requesting to add or change a contact's phone number, submit as an address change request.
DRIVER'S LICENSE #/DL STATE	Optional. FOR INDIVIDUALS ONLY . Information may be requested after initial request.

SECTION 2 BANK ACCOUNT INFORMATION

The supplier **MUST** complete this section in its entirety to receive payments via Automated Clearing House (ACH). ACH payments are required for all **new and reactivating suppliers**. Also, complete this section to add additional bank information or to change existing bank information.

ACTION	DESCRIPTION
I DO NOT WISH TO PROVIDE BANKING INFORMATION	If the supplier elects not to receive their payments via the ACH, the supplier should select this option to receive a paper check.
ADD NEW BANK ACCOUNT	If the supplier is requesting to receive payments via ACH, the supplier MUST select this option.
CHANGE EXISTING BANK ACCOUNT	If the supplier is requesting to change their existing ACH bank information, the supplier MUST select this option. Changing bank information can result in a supplier no longer being able to receive payment via ACH.
ENTER LOC # (Agency Liaison MUST complete when applicable)	When a supplier requests to change existing bank account information, the Agency Liaison MUST enter the Location # where the EXISTING bank information is found in the State's financial system.
REPLACE REMITTANCE ADDRESS AT LOC # WITH ADDR ID # (Agency Liaison MUST complete when applicable)	To change a Location's Remittance Address in TeamWorks if a supplier has multiple addresses, enter the Location # and the new Remittance Addr ID #. Submit as a bank change.
REPLACE INVOICING ADDRESS AT LOC # WITH ADDR ID # (Agency Liaison MUST complete when applicable)	To change a Location's Invoicing Address in TeamWorks if a supplier has multiple addresses, enter the Location # and the new Invoicing Addr ID #. Submit as a bank change.
ROUTING #	Required. MUST be 9-digits.
NEW BANK ACCOUNT #	Required.
LAST FOUR DIGITS OF PREVIOUS BANK ACCOUNT#	Enter the last 4-digits of the bank account number previously provided for payments. Required for Existing Bank Account Changes Only.
GENERAL BANK ACCOUNT	Required, if ALL PAYMENTS from ALL AGENCIES should be deposited to the bank account provided.
SPECIFIC PURPOSE/DESCRIPTION	Required, if SPECIFIC PAYMENTS are expected from a SPECIFIC AGENCY designated for a SPECIFIC PURPOSE such as grants, operating accts, Pre-K, etc.
PYMT REMIT EMAIL	Optional, but RECOMMENDED to receive notification of payment(s) processed. Enter the email address where to receive payment notifications. To add or change a payment remit email address for existing bank information, submit as a bank change request.
PRINTED NAME OF COMPANY OFFICER	Required for banking requests
SIGNATURE OF COMPANY OFFICER	Required for banking requests. Must be the electronic signature embedded in the SCR or an ink signature.
DATE	Required for banking requests. The date cannot be more than 60 days old from the date SAO receives the SCR.

SECTION 3 – DIVERSITY IDENTIFICATION (REQUIRED)

This section **MUST** be completed to properly classify the supplier. There are (3) certifications under this section. Minority businesses must include their Disadvantaged Business Enterprise (DBE) Certification and proof they have registered with Team Georgia Marketplace with all requests.

BUSINESS CERTIFICATIONS	
*GA SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.
** GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for atleast one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.
WOMEN OWNED	Women-owned businesses are not considered minority businesses in the State of Georgia.
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".

MINORITY BUSINESS ENTERPRISE (51% OWNERSHIP)	
MINORITY BUSINESS ENTERPRISE	Non-certified companies that are 51% owned by a minority.

VETERAN-OWNED SMALL BUSINESS (Check All That Apply)	
VETERAN-OWNED SMALL BUSINESS	"A Veteran Business Enterprise (VBE) or a Service Disable Veteran Business Enterprise (SDVBE) are state-level designations for small businesses 51% owned and operated by a United States Veteran. A United States Veteran must own or control 100% of the assets of a sole proprietorship, at least 51% of the equity interests in a partnership, at least 51% of the aggregate of all stock outstanding, at least 51% of the membership interests in a limited liability company, 100% of the control of a sole proprietorship, or at least 51% of the control of a general partnership."

SECTION 4 – REQUESTED CHANGE(S)

Select all items that pertain to this request. **If no selection is made, the form will be rejected.**

X – REQUIRED

X – OPTIONAL OR REQUESTED

FIELD	DESCRIPTION	FORMS TO SUBMIT			
		W-9 (the signature date can't be greater than 12 months from the date submitted)	SCR	VOIDED CHECK/ BANK LETTER	PROOF OF ADDRESS
FEI/TIN CHANGE	Select if changing FEIN/TIN. Enter the new number in Section 1 and submit a current updated W9 . <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i>	X	X		
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter the new name in Section 1 and submit a current updated W9 .	X	X		
1099 ELIGIBILITY STATUS	Select to change a supplier that is NOT currently 1099 eligible to 1099 eligible.				
NON - 1099 APPLICABLE	Select to indicate supplier is not eligible to receive a 1099. Do not select if already receiving a 1099.				
1099 APPLICABLE	Select to change a supplier that is NOT currently 1099 eligible to 1099 eligible status.				
1099 ADDR ID# (Agency Liaison MUST enter the Address ID # where to mail 1099)	Enter the Addr ID # where to mail the Supplier's 1099. Required for 1099 eligible requests.		X		
1099-M/ENTER CODE (Agency Liaison MUST enter code)	Select, if requesting to make a supplier 1099 applicable who will receive a 1099-M (excluding non-employee compensation). Enter the appropriate code in the Code field.				
1099-N/CODE	Select, if requesting to make a supplier 1099 applicable who will receive a 1099-NEC for Non-employee Compensation. '01' is the only valid code the 1099-N.				
REACTIVATE SUPPLIER PROFILE	Select if: 1. requesting to reactivate an inactive supplier profile, OR 2. the supplier was previously denied approval	X	X	X	
DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate a supplier profile. Additionally, the supplier MUST provide signed and dated written justification.		X		

SECTION 4 – REQUESTED CHANGE(S) cont’d.

FIELD	DESCRIPTION	FORMS TO SUBMIT			
		W-9 <small>(the signature date can't be greater than 12 months from the date submitted)</small>	SCR	VOIDED CHECK/ BANK LETTER	PROOF OF ADDRESS
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> business address. Enter the additional address in Section 1 of the form.				
CHANGE EXISTING ADDRESS	Select if changing a current business address. Enter as the physical <u>new address</u> in Section 1 of the form.		X		X
ADDRESS ID # TO CHANGE <small>(Agency Liaison MUST complete when applicable)</small>	Required, if the request is to change the supplier's existing address. Agency Liaison must enter the Address ID number found in TeamWorks to change.				
PAYMENT ALT NAME Do not enter the DBA	<i>SUBMIT AS AN ADDRESS REQUEST</i> <ol style="list-style-type: none"> Complete if payments should have an additional name other than what is indicated in Section 1. If requesting to change the Payment ALT name, enter the new Payment ALT Name. 		X		X
HCM Vendor	Required, for an HCM supplier.	X	X	X	X
Statewide Contract (DOAS Use Only)	This option is required for DOAS only. Select, if the supplier is under an SWC or to identify a supplier as an SWC vendor.		X		
OTHER	Select if the requested action is not listed in Section 2. Must provide details in the "Comments" field.	X	X	X	X

SECTION 5 – AGENCY LIAISON CERTIFICATION (AGENCY USE ONLY)

PRINTED NAME OF AGENCY LIAISON	Required.
SIGNATURE OF AGENCY LIAISON	Required. Must be the electronic signature embedded in the SCR or an ink signature.
DATE	Required. The date cannot be more than 60 days old from the date submitted to SAO for processing.
B/U#	Required.