|  |  |
| --- | --- |
|  | **Vendor Maintenance Request** |
| *\*Denotes a required field.* |
| \*Requested By: |  | \*Approval Signature: |  |
| \*Business Unit: |  | \*Phone: |  | \*Approval Name: |  |
| \*Email: |  | \*Approval Date: |  |
|  |
| **\*Action Requested** |
|  |
|  | Add New Vendor |  | Update Existing Vendor |  | Expedite |
|  |
| **Identifying Information** |
|  |
| Vendor ID: |  | *\*Required when updating an existing vendor.* | Corporate Vendor: |  | Yes |  | No |
| \*Vendor Name 1: |  |
| Vendor Name 2: |  |
| Vendor Short Name: |  | Corporate Vendor ID: |  |
|  | *Of Parent Company if applicable* |
| Vendor Status – INACTIVE: |  | *\*Required when updating an existing vendor to inactive.* |
| \*Classification: | \*Persistence: |  | One Time |
|  | Board Member |  | Non-Vendor Payee |  | Regular |
|  | Federal Government |  | State Government |  |
|  | Foreign Entity |  | Supplier | \*W-9 Required: |  | Yes |  | No |
|  | Local Government |   | HCM – choose one of the following: | \*W-9 Attached: |  | Yes |  | No |
|  |  |  |  |  | Garnishment Payee |  |  |  |  |  |
|  |  |  |  |  | General Deduction |  |  |  |  |  |
|  |  |  |  |  | Tax Collector |  |  |  |  |  |
|  |  |  |  |  | General Provider |  |  |  |  |  |
| \*ID Type and Number *(select one)*: | \*Type of Contractor *(select one)*: |
|  | ATN: |  |  |  | OTH: |  |  |  | Corporation |  | Partnership |
|  | EIN: |  |  |  | SSN: |  |  |  | Estate |  | Proprietorship |
|  | ITN: |  |  |  | W8: |  |  |  | Government |  | Reportable Corporation |
|  |  |  | Other |  | Trust |
|  |
| \*Comments: |  |
|  |
|  |
| **Address** |
|  |
| Address ID: |  | *\*Required when updating an existing vendor.* | Effective Date: |  |
|  |
| Description: |  | \*Effective Status: | X | Active |  | Inactive |
|  |
| Address Type: |  | Main (default) |  | Remitting |  | Invoicing |  | Shipping |  | Ordering |  | Withholding |
| Country: | USA |  |
| \*Address Line 1: |  | \*City: |  |
| Address Line 2: |  | County: |  | *(UEI Number)* |
| eVA VLIN: |  | \*State: |  |
| \*Postal: |  | Email ID: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone Information: |  | Business #: |  |  |
|  |  | Cellular #: |  |  |
|  |  | FAX #: |  |  |
| Payment Alternative Name: | Withholding Alternate Name: |
| Name 1: |  | Name 1: |  |
| Name 2: |  | Name 2: |  |
|  |
| **Address** |
|  |
| Address ID: |  | *\*Required when updating an existing vendor.* | Effective Date: |  |
|  |
| Description: |  | \*Effective Status: | X | Active |  | Inactive |
|  |
| Address Type: |  | Main (default) |  | Remitting |  | Invoicing |  | Shipping |  | Ordering |  | Withholding |
| Country: | USA |  |
| \*Address Line 1: |  | \*City: |  |
| Address Line 2: |  | County: |  | *(UEI Number)* |
| eVA VLIN: |  | \*State: |  |
| \*Postal: |  | Email ID: |  |
|  |
| Phone Information: |  | Business #: |  |  |
|  |  | Cellular #: |  |  |
|  |  | FAX #: |  |  |
| Payment Alternative Name: | Withholding Alternate Name: |
| Name 1: |  | Name 1: |  |
| Name 2: |  | Name 2: |  |
|  |
| **Contact** |
|  |
| Contact ID: |  | *(Sequence #)* | Effective Date: |  |
|  |
| Description: |  | \*Effective Status: | X | Active |  | Inactive |
|  |
| Type: |  | AP |  | Billing |  | General |  | Sales |  | Service |  | Warehousing/Shipping |
| Contact Name: |  |  |  |
| Contact Title: |  |
| Address ID: |  | *(Sequence #)* |
| Internet Address: |  |
| Email ID: |  |
|  |
| Phone Type *(select one)*: |  | Business |  | Cellular |  | FAX |
| Phone Prefix: |  | Telephone: |  | Extension: |  |
|  |
| **Location** |
|  |
| \*Location: |  | *EX: Main, \*Required when updating an existing vendor.* | Default: |  | Yes |  | No |
|  |
| Description: |  |
|  |
| Effective Date: |  | \*Effective Status: | X | Active |  | Inactive |
|  |
| Payable Options - Invoicing | Payable Options – Remitting *(\*Required when updating an existing vendor)* |
| Vendor ID: |  | Vendor ID: |  |
| Address ID: |  | Address ID: |  |
|  | Location ID: |  |

|  |
| --- |
| **Location: Payables Option – Defaults (HCM Classification Only)** |
|  |  |  |  |
| \*Payment Control:  | Separate Payment (Garnishment Only) | \*Pay Method Options: | Default from Higher Level |
|  |
| \*Handling Options: | Specify at This Level | \*Handling: | PY |
|  |
|  |
| **Location: Procurement Option – Defaults (HCM Classification Only)** |
|  |
| \*Payment Terms Option: | Specify | \*Payment Terms ID: | 00 |
| \*Payment Terms Basis Date Type:“Invoice Date” |  |  |
|  |
| HCM Comments:If applicable please indicate any additional payment information that is needed. |  |