

TOPIC	STATEWIDE VENDOR FILE	SUB-SECTION 17.20.05
SECTION	INPUT	ISSUANCE DATE May 20, 2008
SUB-SECTION	VENDOR FILE MAINTENANCE	REVISION NUMBER 08-004

VENDOR FILE MAINTENANCE

GENERAL

BFC is responsible for maintaining the statewide vendor file - SAAS table "VEND". Section 17.10.10 provides a detailed explanation of the procedures associated with maintaining and using the vendor file. Vendors are required to register for electronic payment. Detailed information is found in Section 17.10.20.

ADDING A VENDOR

In order to add a vendor to the statewide vendor file, an agency must submit the following, if applicable:

- A **Vendor File Maintenance Form 17.20.05** completed and signed by an agency representative. A separate form must be submitted for each vendor.
- A **Mandatory E-Payment Exemption Request Form 17.10.20** completed and signed by the vendor.
- A **W-9** filled out by the vendor showing the vendor's federal tax identification number (TIN) and not the state identification number. This is not required for adding state employees, out-of-country vendors, or governmental entities.
- A **"Get PID"** page of the state employee's personal identification number (PID) obtained from SPAHRS.

CHANGING A VENDOR'S INFORMATION

An existing vendor's information may be changed or updated with the Vendor File Maintenance form and appropriate documentation. The vendor number, name, and action code "C" for "change" must be notated on the form along with the new or updated information. Copies of invoices are not acceptable documentation as support for the requested change. If the vendor is changing its TIN, a new W-9 form is required and must be attached to the Vendor File Maintenance Form. A new W-9 form is also required to remove a vendor from a "Hold" status. A separate Vendor File Maintenance form is required for each vendor.

VENDOR FILE MAINTENANCE FORM

Exhibit 17.20.05-A is a sample form with reference number instructions. Following Exhibit 17.20.05-A is a blank form that may be printed and submitted to BFC.

REFERENCE

EXPLANATION

- | | |
|---|---|
| 1 | Required when <u>changing</u> information for an existing vendor. If blank, BFC will assign. |
| 2 | Either "A" to add a new vendor or "C" to change data associated with an established vendor. |
| 3 | Either "Y" (yes) if the vendor is a state employee or "N" (no) if the vendor is not a state employee. |

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- 4 Vendor's name exactly as it appears on the W-9. If the vendor is "doing business as" (DBA), then use the business name as the vendor name with the "DBA" business name on the first line of the vendor address. For federal reporting purposes, the vendor name must match the TIN. However, if the vendor is an individual, the last name should appear before the first name.
- 5 Vendor's complete address.
- 6 Vendor's phone number.
- 7 Federal tax ID number. Enter the TIN (99-9999999) or SSN (999-99-9999) of the vendor.
- 8 For BFC use only.
- 9 Contact name of the vendor's representative.
- 10 Vendor's fax number.
- 11 Vendor's e-mail address.
- 12 Check the appropriate indicator.
- 13 For BFC use only to indicate if the vendor is a corporation, governmental entity, tax exempt per IRS, or has a W-9 on file. The codes are in the LCOD table in SAAS.
- 14 For BFC use only to indicate the code of the city, county, university, junior college, etc. The code can be found in the LCOD table in SAAS.
- 15 For BFC use only to indicate if the vendor should receive a 1099.
- 16 For BFC use only to indicate that the vendor receives its payments electronically. The flags are:

C – PV paid by PayMode	A – Always EFT
Y – EFT if flagged on PV	N – Not EFT or PayMode (default if field left blank)
- 17 For BFC use only to indicate "Hold" status.
- 18 Enter code from the Minority Vendor Self Certification form, if applicable.
- 19 Three-digit SAAS agency number of the agency submitting the form.
- 20 Name of the agency submitting the form.
- 21 Person submitting the form.
- 22 Telephone number of the person submitting the form.
- 23 E-mail address of the person submitting the form.

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- | | |
|----|---------------------------------|
| 24 | Check the appropriate response. |
| 25 | Signature of authorized person. |
| 26 | Date of approval. |
| 27 | For BFC use only. |

ADDITIONAL INFORMATION

Information about obtaining the vendor's TIN on a W-9 is provided within Section 28.20.10. Blank copies of W-9 forms can be obtained from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

Information about the Minority Business Certification program administered by the Mississippi Development Authority can be found at <http://www.mississippi.org>.

STATE OF MISSISSIPPI STATEWIDE AUTOMATED ACCOUNTING SYSTEM VENDOR FILE MAINTENANCE FORM

VENDOR NUMBER (10-1)
(1)
_____ - _____

ACTION (A-Add / C-Change) (1)
(2)

STATE EMPLOYEE (Y/N) (1)
(3)

VENDOR NAME (30)
(4)

VENDOR ADDRESS (30)
(5)

COMMENTS (30)
(8)

(City) _____

(State) _____ (Zip) _____

VENDOR PHONE # _____
(6)

FEDERAL TAX I.D. NUMBER **(7)**

CONTACT (30)
(9)

VENDOR FAX # _____
(10)

VENDOR E-MAIL ADDRESS **(11)**

(12)

Indicate Y-Yes or N-No (1)

INDIVIDUAL _____ PARTNERSHIP _____ INCORPORATED _____

REPT – 2 (4) _____ **(13)** 1099 IND (1) _____ **(15)** EFT FLAG (1) _____ **(16)**

HOLD (1) _____ **(17)** SELF-CERTIFIED MINORITY CODE (1) _____ **(18)**

REPT – 1 (4) _____ **(14)**

SAAS AGENCY #: _____	(19)
AGENCY: _____	(20)
BY: _____	(21)
PHONE #: _____	
(_____) Area Code	(22)
E-MAIL ADDRESS: _____	(23)

(24)

Check
Yes No

- 1) IRS Form W-9 attached (required):
If not attached, justification: _____
- 2) Vendor made aware of Minority Self Certification: _____
- 3) Minority Vendor Self Certification Form attached: _____
- 4) IRS 501C attached:
(Applicable when notification is received from IRS) _____
- 5) Mandatory E-Payment Exemption Request
Form 17.10.20 attached: _____

AGENCY APPROVAL: **(25)**

(26)

DATE: _____

DEPARTMENT OF FINANCE & ADMINISTRATION: _____ **(27)**

DATE: _____ **(27)**

Note: The number in the parenthesis indicates the maximum or required field size for each field.

STATE OF MISSISSIPPI STATEWIDE AUTOMATED ACCOUNTING SYSTEM VENDOR FILE MAINTENANCE FORM

VENDOR NUMBER (10-1) _____

ACTION (A-Add / C-Change) (1) _____

STATE EMPLOYEE (Y/N) (1) _____

VENDOR NAME (30)

VENDOR ADDRESS (30)

COMMENTS (30)

(City)

CONTACT (30)

(State) _____ (Zip)

VENDOR PHONE # _____

VENDOR FAX # _____

FEDERAL TAX I.D. NUMBER

VENDOR E-MAIL ADDRESS

Indicate Y-Yes or N-No (1)

INDIVIDUAL _____ PARTNERSHIP _____ INCORPORATED _____

REPT – 2 (4) _____ 1099 IND (1) _____ EFT FLAG (1) _____ HOLD (1) _____ SELF-CERTIFIED MINORITY CODE (1) _____

REPT – 1 (4) _____

Check
Yes No

SAAS
AGENCY #: _____

1) IRS Form W-9 attached (required): _____
If not attached, justification: _____

AGENCY: _____

2) Vendor made aware of Minority Self Certification: _____

BY: _____

3) Minority Vendor Self Certification Form attached: _____

PHONE #: _____

4) IRS 501C attached: _____
(Applicable when notification is received from IRS)

(_____)
Area Code

5) Mandatory E-Payment Exemption Request
Form 17.10.20 attached: _____

E-MAIL
ADDRESS: _____

AGENCY APPROVAL: _____

DATE: _____

DEPARTMENT OF FINANCE & ADMINISTRATION: _____ DATE: _____