Form 17.20.05 – Revised 04/2006

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)

_____

_____

(City) _____

(State) _____(Zip)_____

VENDOR PHONE # ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

FEDERAL TAX I.D. NUMBER

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

COMMENTS (30)

_____

_____

CONTACT (30)

_____

VENDOR FAX # ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

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) ___ ___ ___ ___

SAAS AGENCY #: 4 5 1

AGENCY: Mississippi Forestry Commission

BY: Rebekah Olander

PHONE #:

(601) 359-2830
Area Code

E-MAIL ADDRESS: rolander@mfc.state.ms.us

		Check Yes	Check 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:

_____

DATE: _____

DEPARTMENT OF FINANCE & ADMINISTRATION:_____ DATE: _____

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