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| Statewide Vendor File Update Request Form | | | | | | | |
| Part I: Requesting Agency Information To be completed by the requesting agency | | | | | | | |
| Agency OLO | Click here to enter text. | | | Agency Name | | | Click here to enter text. |
| Agency Contact Name | Click here to enter text. | | | Agency Contact Phone Number | | Click here to enter text. | |
| Agency Contact Title | Click here to enter text. | | | Agency Contact Email Address | | Click here to enter text. | |
| Part II: Vendor Information To be completed by the requesting agency | | | | **Add Vendor** \_\_\_\_\_\_\_\_ | | **Update Vendor** \_\_\_\_\_\_\_\_ | |
| Old Vendor Information | | | | New Vendor Information | | | |
| Vendor Name | Click here to enter text. | | | Vendor Name | | Click here to enter text. | |
| Vendor Short Name | Click here to enter text. | | | Vendor Short Name | | Click here to enter text. | |
| Vendor #:  F/S/N+9 digits+Sequence | Click here to enter text. | | | Vendor #:  F/S/N+9 digits+Sequence | | Click here to enter text. | |
| Vendor Contact Phone # | Click here to enter text. | | | Vendor Contact Phone # | | Click here to enter text. | |
| Purchasing Address:  Street  City State Zip | Click here to enter text. | | | Purchasing Address:  Street  City State Zip | | Click here to enter text. | |
| Remittance Address:  Street  City State Zip | Click here to enter text. | | | Remittance Address:  Street  City State Zip | | Click here to enter text. | |
| Confidential Indicator (CI) | Click here to enter text. | | | Confidential Indicator (CI) | | Click here to enter text. | |
| Payee Indicator (Y/N) | Click here to enter text. | | | Payee Indicator (Y/N) | | Click here to enter text. | |
| Revenue Type | Click here to enter text. | | | Revenue Type | | Click here to enter text. | |
| Minority Code (MC) | Click here to enter text. | | | Minority Code (MC) | | Click here to enter text. | |
| Inactivated (Y/N) | Click here to enter text. | | | Inactivated (Y/N) | | Click here to enter text. | |
| Part III: Justification for Update Request | | | | | | | |
| Reason for the Update Request | | | Click here to enter text. | | | | |
| Part IV: DFS Review Information To be completed by DFS only | | | | | | | |
| DFS Reviewer Name | | Click here to enter text. | | Date of Review | Click here to enter a date. | | |
| Approved | | Click here to enter text. | | Not Approved | Click here to enter text. | | |
| Comments | | Click here to enter text. | | | | | |

Agencies: Use this form to request DFS to update vendor information in the Statewide Vendor File (VS).

Send the completed form to the Vendor Management Team (VMS) [StatewideVendorFile@myfloridacfo.com](mailto:StatewideVendorFile@myfloridacfo.com)

Part I: Requesting Agency Information

* OLO: Provide the six-digit agency OLO.
* Agency Name: Provide the name of the agency requesting the update.
* Agency Contact Name: Provide the name of the individual requesting the update. DFS will contact this person if additional information is required.
* Agency Contact Title: Provide the title of the agency contact.
* Agency Contact Phone Number: Provide the telephone number of the agency contact.
* Agency Contact Email Address: Provide the email address of the agency contact.

Part II: Vendor Information

Old Vendor Information: List the vendor information as it currently appears in VS.

* Vendor Name: Provide the name of the vendor as it appears on Vendor Name Field Line 1
* Vendor Short Name: Provide the name of vendor as it appears in the Short Name Field
* Vendor Number: Include the (F/S/N) indicator and the nine digit number, plus the three digit sequence number. Any S indicator vendor numbers should be sent in an encrypted e-mail; if agency cannot encrypt emails, provide the vendor number as follow: S XXX-XX-(insert last four digits number of vendor number).
* Vendor Contact Phone Number: Provide the vendor’s contact phone number.
* Purchasing Address: Address where goods or services are being rendered from; must include: street/PO box, city, state, and zip code.
* Remittance Address: Address where payment should be mailed to; must include: street/PO box, city, state, and zip code.
* Confidential Indicator (CI): Indicate if this vendor is currently listed as a confidential vendor (Yes or No).
* Payee Indicator: Indicate if the vendor is not providing goods or services to the State of Florida (Yes or No).
* Revenue Type: To assist FACTS in determining how a grant was received.
* Minority Code (MC): Provide the MC. Only Non-Minority Business Enterprise (MBE) can be changed.
* Inactivation Code: Indicate if this vendor is currently inactivated (Yes or No).

New Vendor Information: List the requested vendor information to be updated.

* Vendor Name: Provide the name of the vendor that should appear on Vendor Name Field Line 1. Agencies must provide justification to VMS for all name and address change requests; follow the guidance outlined in AAM 9 to submit required documentation.
* Vendor Short Name: Provide the name of vendor as it should appear in the Short Name Field
* Vendor Number: DFS cannot make changes to the Vendor Number, including the (F/S/N) indicator and the three digit sequence number.
* Vendor Contact Phone Number: Provide the vendor’s contact phone number as it should appear in the Phone Number Field.
* Purchasing Address: Provide vendor’s updated address including: street/PO box, city, state, and zip code. Agencies must provide justification to VMS for all name and address change requests; follow the guidance outlined in AAM 9 to submit required documentation.
* Remittance Address: Provide vendor’s updated address including: street/PO box, city, state, and zip code. Agencies must provide justification to VMS for all name and address change requests; follow the guidance outlined in Agency Addressed Memorandum No. 9 (2012-2013) to submit required documentation.
* Confidential Indicator (CI): Indicate if this vendor’s confidential indicator needs to be changed.
* Payee Indicator: Indicate if the vendor is not providing goods or services to the State of Florida (Yes or No).
* Revenue Type: To assist FACTS in determining how a grant was received.
* Minority Code (MC): Provide the updated MC. Only Non-Minority Business Enterprise (MBE) can be changed.
* Inactivation Code: Indicate if this vendor is being requested for inactivation (Yes or No).

Part III: Justification for Update Request

To be completed by the requesting agency with appropriate justification attached, or statement signed and dated by the requestor certifying that the provided information is correct. Please refer to Agency Addressed Memorandum No. 9, 2012-2013.

Part IV: DFS Review Information

* Approved: Agency will be notified by email when update has been completed according to request.
* Not Approved: Agency will be notified by email if update could not be completed according to request, and any reason(s) for the incompletion.