Newfoundland Labrador

GOVERNMENT OF NEWFOUNDLAND & LABRADOR
DEPARTMENT OF FINANCE
GOVERNMENT ACCOUNTING DIVISION
SUPPLIER SETUP AND MAINTENANCE FORM

Action Required:

___ Add a New Supplier
___ Inactivate a Supplier Number
___ Change the Name of an Existing Supplier/Employee
___ Change the Address of an Existing Supplier/Employee
___ Add a Business Number to an existing Supplier
___ Add a New Supplier Site
___ Inactivate a Supplier Site
___ **Add Banking Information**
___ **Change Banking Information**
___ Reactivate a Supplier Number

Supplier Number (If Applicable)

Business Number (Number assigned by Canada Revenue Agency for Income Tax & HST/GST purposes)

Supplier Name

Site Name

Supplier Type: ____ **Employee** ____ **MHA** ____ **Vendor**

Site Address:

Line 1

Line 2

Line 3

Line 4

City

Province/State/Country **Postal/Zip Code**

Site Use

___ **Pay Site**
___ **Purchase Site**
___ **RFQ Only Site**

Optional

Contact Name _____ **Title** _____
Telephone # _____
Fax # _____ **Cellular #** _____

ELECTRONIC PAYMENT SETUP (Please attach voided Cheque or Correspondence from Bank Institution)

Bank Institution #

To be completed by an individual with bank signing authority:

Bank Officer's Signature: _____

Bank Transit #

Name: _____ **Title:** _____

Account Number

Email Address for Remittance Correspondence: _____

Vendor/Employee – Refused to be setup on EFT _____

Department Contact _____ **Telephone #** _____

Department Name _____ **Approved By (Departmental)** _____ **Date** _____

FINANCIAL SYSTEMS CONTROL DIVISION USE ONLY:

Actioned On: _____ **Actioned By:** _____