

Vendor Master Setup-Maintenance Request Form



FIN-AP-023

Section 1 - Information and Instructions

The purpose of this form is to provide the MTA Business Service Center (BSC) with information to create a new vendor or update existing vendor information in PeopleSoft. This form is to be completed by Agency Procurement, an MTA employee, or the Vendor. Fields that contain a "*" prefix are required fields. Please note that forms missing completed required fields are rejected and sent back to the requestor for adjustment and resubmission.

Please fax the completed form to 212- 852-8700 or e-mail to bscservices@mtabsc.org. If you have any questions, please contact MTA Business Service Center (BSC) at 646- 376-0123 or bscservices@mtabsc.org.

Section 2 - Requestor Information

*Date of Request

*Requestor Name

Requestor Title

BSC ID (agency requestor only)

*Agency *HQ Police*

Department (agency requestor only)

*Telephone Number

*E-mail Address

Requestor Organization (vendor only)

Section 3 - Request Type

- ☐ New Vendor (Provide W-9 and a blank invoice)
- ☐ Change of Address (Enter address to be replaced in the comments box)
- ☐ Add New Address (Provide copy of invoice or letterhead)
- ☐ Change of Default Value(s) (In the comments box, enter information (e.g., location, remittance address, order address, etc) to be replaced as vendor master defaults)
- ☐ Add Additional Address (Provide copy of invoice or letterhead)
- ☐ Change of TIN (Provide new W-9 and letter explaining reason for change)
- ☐ Change of Name (Provide new W-9 and letter explaining reason for change)
- ☐ Change of Payment Terms
- ☐ Change of Contact Information
- ☐ Change of Bank Information
- ☐ Inactivate Vendor
- ☐ Establish Petty Cash Account
- ☐ Other Change (Please Specify)

Section 4 - Vendor Company Information

Vendor ID (if applicable)

*Vendor Type (Please check one) ☐ Supplier ☐ Attorney ☐ Employee ☐ Garnishment Pay ☐ Garnishment Deduction

☐ Insurance Provider ☐ Other (Please Explain)

*Legal Business Name (Must Match W-9 Form)

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Section 4 (continued) - Vendor Company Information

Business Name, Trade Name, Doing Business As (If Different Than Above)

*Federal Tax ID Number (Corporation, LLC, etc.)

*Social Security Number (Sole Proprietorship)

*Employee ID (MTA Employee Only)

*RISCS ID (RISCS One-Time Vendors)

*1099 Applicable? ☐ Yes ☐ No

Section 5 - Vendor Address Information

Existing Address Sequence Number (applicable to vendor master changes only)

Invoicing Address

City

State

Zip Code

Primary Telephone Number

Primary Fax Number

Remit To Address (If Different Than Above)

City

State

Zip Code

Purchasing Address (If Different Than Above)

City

State

Zip Code

Ordering Address (If Different Than Above)

City

State

Zip Code

Company E-mail Address

Company Website Address

Ship To Address (If Different Than Above)

City

State

Zip Code

Company E-mail Address

Company Website Address

Section 6 - Vendor Representative Contact Information

Company Representative Name

Current Primary Contact? ☐ Yes ☐ No

Telephone Number

Cell Phone Number

E-mail Address

Fax Number

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Section 7 - Is Your Business Currently Certified as One of the Following? (Please Check)

☐ MBE (Minority Owned Business Enterprise) ☐ WBE (Women Business Enterprise)

☐ DBE (Disadvantaged Business Enterprises) ☐ SBE (Small Business Enterprise) ☐ N/A

Minority Vendor? ☐ Yes ☐ No

Type ☐ APA (Asian-Pacific American) ☐ BA (Black American) ☐ HA (Hispanic American) ☐ NA (Native American)

☐ NMW (Non-Minority Woman) ☐ SAA (Subcontinent Asian American) ☐ Other, please specify

Section 8 - Payment Details

*Payment Terms ☐ 2/10 Net 30 ☐ Net 30 ☐ Other, please specify

*Payment Method ☐ Check ☐ ACH (Automated Clearing House)

If ACH, please provide the banking details below:

Bank Name

Bank Address

Bank Account Name

Bank Account Number

ABA Routing Number

Section 9 - Comments