



NYS  
Vendor Management

## SINGLE PAYMENT VENDOR ID REQUEST

TYPE OR PRINT INFORMATION NEATLY. REFER TO INSTRUCTIONS FOR MORE INFORMATION.

### Part I: Business Unit

Name of Business Unit:	Business Unit Code:	
Business Unit Contact:	Title:	
E-mail Address:	Phone Number:	Extension:

### Part II: Business Need for a Single Payment Vendor ID (Include estimated number of transactions)

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### Part III: Remittance Field Description (Optional):

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SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER – VENDOR MANAGEMENT UNIT  
Fax: (518) 402-4212

E-mail: [VMU@osc.state.ny.us](mailto:VMU@osc.state.ny.us) with "Single Payment Vendor Request" in the subject line  
Mail: 110 State Street Mail Drop 10-4, Albany, NY 12236-0001

FOR VMU USE ONLY

**NYS Office of the State Comptroller**  
**Instructions for Single Payment Vendor ID Request Form**

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The Vendor Management Unit can assign a Single Payment Vendor ID to process program payments to multiple payees who do not provide goods and services to the State (e.g. claims or refunds). The payee information is not maintained in the Vendor File.

**Part I: Business Unit Information**

**Name of Business Unit:** Name of Business Unit requesting the Single Payment Vendor ID

**Business Unit Code (Required):** 5 character Business Unit code

**Business Unit Contact (Required):** Name of person requesting Single Payment Vendor ID

**Title:** Title of the Business Unit Contact

**E-mail Address (Required):** Business Unit Contact's E-mail address

**Phone Number (Required):** Business Unit Contact's phone number

**Extension:** Business Unit Contact's extension

**Part II: Business Unit Need for a Single Payment Vendor ID**

Explain the Business Unit's need for a Single Payment Vendor ID including the estimated number and frequency of transactions in the explanation.

**Part III: Remittance Field Description (Optional)**

Enter information to be included on the Remittance Advice. For example, additional Business Unit contact information for refund vendors.