



## ADD, UPDATE OR DELETE VENDOR CONTACT

**Important Notes:**

- **This form must be used by the primary contact to (1) replace or update the primary contact on the vendor record or (2) make changes to non-primary contacts if not registered to use the Vendor Self-Service System.** The Vendor Self-Service System allows you to make changes to non-primary contacts without submitting this form, enabling faster processing. Changes requested with this form will not be effective until they are verified.
- Information must be typed or printed neatly. Please refer to instructions on page 2 of this form for more information.

**PART I: REQUIRED VENDOR INFORMATION**

Vendor ID Number:

--	--	--	--	--	--	--	--	--	--

Legal Business Name:

**PART II: ADD, CHANGE OR DELETE A VENDOR CONTACT**

For each contact, select an action from the chart. Fill in the "Requested Action" box with the corresponding number from the chart, as well as the boxes for contact information. For more detail on what each action entails, see the instructions on page 2 of this form.

Action	Number
Replace the existing primary contact	1
Update the existing primary contact	2
Add a new non-primary contact	3
Update an existing non-primary contact	4
Delete an existing non-primary contact	5

**Contact 1**

Requested Action:

(Required)

Contact Name (Required)

Contact Title

Contact E-mail Address (Required if available)

Contact Phone Number (Required)

Extension

Previous Contact (Required if replacing the existing primary contact)

**Contact 2**

Requested Action:

(Required)

Contact Name (Required)

Contact Title

Contact E-mail Address (Required if available)

Contact Phone Number (Required)

Extension

Previous Contact (Required if replacing the existing primary contact)

**PART III: INDIVIDUAL SUBMITTING THE REQUEST (Must be the current primary contact on the Vendor's record)**

Requestor's Name – Printed (Required)

Phone (Required)

Date (Required)

Requestor's Signature (Required)

E-mail (Required if available)

**SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER – VENDOR MANAGEMENT UNIT**

Fax: (518) 473-9533 Email: [VENDUPDATE@OSC.STATE.NY.US](mailto:VENDUPDATE@OSC.STATE.NY.US)

Mail: 110 State Street Mail Drop 10-4, Albany, NY 12236-0001

# NYS Office of the State Comptroller

## Instructions for Add, Update or Delete Vendor Contact Information Form

### Part I: Vendor Information

**Vendor ID (Required):** The NYS Vendor ID is a ten-character identifier issued by the Vendor Management Unit when the vendor is registered in the Vendor File.

**Legal Business Name (Required):** For an individual, enter the name of the person doing business with NYS as it appears on his/her Social Security card or other required Federal tax documents. For an organization, enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names or use a Doing Business As (DBA) name.

### Part II: Vendor Contact Information

**Requested Action (Required):** Select the number which corresponds with the requested action. For additional detail on what each action entails, see the descriptions below:

Action	Number	Description
Replace the existing primary contact *	1	Replaces the current primary contact with a new individual. (For example, the primary contact is Joe. Joe has transferred to a new department, and the company has decided Marie will be the new primary contact. This option should be selected, then add Marie's information in the contact information boxes and Joe's name in the previous contact box.) Note: There can only be one primary contact per vendor record.
Update the existing primary contact *	2	Updates information on the current primary contact, such as phone number, e-mail address, or title.
Add a new non-primary contact	3	Adds the individual to NYS's contact list.
Update an existing non-primary contact	4	Updates information on a current non-primary contact, such as phone number, e-mail address, or title.
Delete an existing non-primary contact	5	Removes the individual from NYS's contact list.

\* The individual designated as the primary contact has the ability to:

- Sign and submit forms to the Vendor Management Unit to add, update or delete information such as vendor contacts, addresses and legal name
- In the Vendor Self-Service System
  - Add and update information such as contacts and addresses
  - View the status of purchase orders, invoices, and pending payments
  - View information about previous payments
  - Assign roles to others, granting them various levels of access in the Vendor Self-Service System

**Contact Name (Required):** The name of the contact person at the vendor.

**Title:** Contact's title

**Email Address (Required if available):** Contact's email address

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

**Extension:** Contact's extension

**If Replacing, Previous Contact's Name:** Name of old contact who is being replaced by the individual in the contact information boxes.

### Part III: Individual Submitting Request

**NOTE:** This MUST be the current primary contact on the Vendor's record or the request will not be effective until the request is verified.

**Requestor's Name (Required):** Name of the person submitting the request

**Requestor's Signature (Required):** Signature of the person submitting the request

**Email Address (Required if available):** Requestor's email address

**Phone Number (Required):** Requestor's phone number

**Date (Required):** Date requestor signed form