

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

February 14, 2012

Dear STAC Member:

In 2012, the State will implement a new Statewide Financial Management System which establishes a centralized vendor file. This new system will allow the State to maintain timely and reliable information for those individuals receiving payments from New York State. As a council member receiving travel reimbursement, you are considered a "vendor". All vendors must be registered in the new vendor file in order to receive your travel reimbursement.

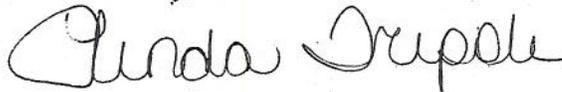
To make sure you have been added to the system, complete and submit the enclosed Statewide vendor File Registration form to me. Please print the information. You may mail or fax the completed form to:

Linda Tripoli
NYS Bureau of Emergency Medical Services
433 River Street
Troy, NY 12180
FAX: 518- 402-0985

Once the Department submits your information to the Office of the State Comptrollers (OSC) Vendor Management Unit, you will receive further instructions from OSC on how to complete your Vendor Registration. For additional information, visit the OSC's website: (<http://www.osc.state.ny.us/vendors/index.htm>).

If you have questions or need additional information, please contact me at 518-402-0996, Ext. 2. You may also contact the OSC Help desk at (855) 233-8363 or (518) 457-7717 or e-mail to Helpdesk@sfs.ny.gov.

Sincerely,



Linda Tripoli
Executive Secretary
State Trauma Advisory Committee

New Vendor Request

1*	Vendor Name1:		
2	Vendor Name2:		
3*	Vendor Contact Name:		
4	Vendor Email ID:		
5	Withholding Class:		
6*	Vendor Tax ID Number:		
7	AddressID: 1	Description: Remit To	
8	Country: USA		
9*	Address Line 1:		
	Address Line 2:		
	Address Line 3:		
	Address Line 4:		
10*	City:	11	County:
			12* Postal Code:
13*	State:		

For DOH Use Only

14* Contact Name:	
15* Email ID:	

** indicates required field*

Field Descriptions

Field#	Title	Description
1*	Vendor Name1	Vendor name should denote 'Vendor Legal Name' as shown on W-9. Name fields are a maximum of 40 characters in length. Do not use a DBA name.
2	Vendor Name 2	Use only if Vendor Name 1 exceeds 40 characters in length.
3*	Contact Name ("Primary Contact")	Provide name of the individual who will act as the business's Primary Contact in the Statewide Vendor File and will receive the business's vendor ID and Vendor Self-Service login credentials from OSC upon successful registration.. This individual should be a person who makes legal and financial decisions for the business.
4	Vendor EmailID*	Email address is that of the vendor contact.
5	Withholding Class	SFS default is withholding class 07, Non-Employee Compensation.
6*	TIN	Vendor's tax identification number (FEIN or SSN)
7	Address ID and Description	Registration address must be a primary remit-to address. Do not change default value = 1.
8	Country	Defaults to USA. Do not use this form for a non-US vendor. Contact OSC or the SFS Help Desk (855-233-8363 or 518-457-7717 for details regarding Statewide Vendor File registration for foreign entities.
9*	Address Line 1-4	At least one address line is required. Lines 2-4 provide additional details for the primary remit-to address—they do not represent additional vendor addresses.
10*	City	City associated with primary remit-to address.
11	County	Optional field, but associated with primary remit-to address.
12*	Postal Code	Zip code associated with primary remit-to address.
13*	State	State associated with primary remit-to address
For DOH Use Only		
14	Contact Name	Individual from Program area facilitating registration
16	Contact Email	Email for individual named in (13) – will receive email from OSC when vendor is registered.

* = Required field