

This is an internal form, used to request new or changes to a supplier record. Department must check boxes that apply on page 1, complete applicable section on page 2-3, gather all required forms from the supplier, and submit complete package to [ACTTC-Claims@sonoma-county.org](mailto:ACTTC-Claims@sonoma-county.org).

The County of Sonoma promotes practices that help preserve local businesses. Refer to local preference policies for [goods](#) and [services](#) before selecting out of state or foreign suppliers.

**NEW EMPLOYEE/CHANGE TO EXISTING EMPLOYEE – COMPLETE SECTION 1**

Required Forms:

Completed Supplier Request Form

Optional Forms:

ACH Supplier/Payee Payment Enrollment Form

**NEW SUPPLIER – COMPLETE SECTION 2**

Required Forms:

Completed Supplier Request Form

Federal Form W-9 **(1) (2)**

California Form 587 or 590, if supplier's address is not in California **(3)**

Optional Forms:

ACH Supplier/Payee Payment Enrollment Form

Payment Plus Enrollment Form

**CHANGE TO EXISTING SUPPLIER - COMPLETE SECTION 3**

Required Forms:

Completed Supplier Request Form

For address change only – memo/invoice/etc. from supplier noting new address

For legal name change/TIN change refer to New Supplier required forms above

Optional Forms:

ACH Supplier/Payee Payment Enrollment Form

Payment Plus Enrollment Form

**NOTES:**

(1) Preferred form, if necessary a State of California Payee Data Record (PDR) form will be accepted.

(2) If supplier is a foreign individual or company, Federal Forms W-8 apply instead. It is the responsibility of the foreign individual or company to determine which Form W-8 applies to them. A U.S. TIN must be provided to set up in EFS. If documentation is not sufficient, the request will be denied.

(3) It is the responsibility of the individual/business to review both forms and determine if they qualify for a withholding exemption. If none apply and/or these forms are not provided, 7% will be withheld from payments and remitted to CA FTB.

**Requesting Department Information:**

Department: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Phone extension: \_\_\_\_\_  
Date: \_\_\_\_\_

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**SECTION 1 (New/Change to Employee):**

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE DEPT: C/O \_\_\_\_\_

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**SECTION 2 (New Supplier):**

BIDDER ID: \_\_\_\_\_ (Bidder number awarded the Contract)

REMIT TO ADDRESS: Same as W9?  Yes  No, complete below and provide copy of invoice,  
contract, etc. as support

SUPPLIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

SPECIAL INSTRUCTIONS? (4) \_\_\_\_\_

SUPPLIER CONTACT INFORMATION: PHONE # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

What is the supplier being paid for? Select all that apply:

- Rents
- Services (non-employee)
- Medical or health care services
- Gross proceeds paid to attorney
- Interest
- Sale or exchange of real estate
- Grant proceeds
- Other payment, please describe \_\_\_\_\_

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## SUPPLIER REQUEST FORM

**SECTION 3 (Change to Existing Supplier):**

SUPPLIER # \_\_\_\_\_

**(A) ADDRESS CHANGE ONLY (5):**

Should an existing address in EFS be deactivated?  Yes, Seq # to deactivate: \_\_\_\_\_ , or  
 No, complete below and provide copy of invoice, contract, etc. as support

SUPPLIER NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

SPECIAL INSTRUCTIONS? (4) \_\_\_\_\_

SUPPLIER CONTACT INFORMATION: PHONE # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**(B) SUPPLIER LEGAL NAME AND/OR TIN CHANGE (6):**

REMIT TO ADDRESS: Same as W9?  Yes  No, complete below and provide copy of invoice,  
contract, etc. as support

SUPPLIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

SPECIAL INSTRUCTIONS? (4) \_\_\_\_\_

SUPPLIER CONTACT INFORMATION: PHONE # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

What is the supplier being paid for? Select all that apply:

- Rents
- Services (non-employee)
- Medical or health care services
- Gross proceeds paid to attorney
- Interest
- Sale or exchange of real estate
- Grant proceeds
- Other payment, please describe \_\_\_\_\_

**NOTES:**

- (4) Special instructions should tell us if there are requirements to have a check include additional printed information, such as C/O, additional named payees, etc.
- (5) Please note, supplier records transferred from the prior financial system may not be complete, you may be required to provide missing documentation before we can make the requested change.
- (6) Department will be notified if existing Supplier number is updated or will be provided with the new Supplier number if a new record is required.