

(Please Type or Print)

Vendors complete white sections (Please list all locations doing business under this FEIN/SSN.) Agencies complete the two digit location code (LC) in shaded area and circle the appropriate letter to indicate if the location is in the system. If more than three locations exist, complete multiple copies of this form and label page numbers in the upper right corner.

FEIN/SSN: _____	LC ____	REMIT TO
Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (____) ____-____-____	ENTERED Y N	Address Only Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (____) ____-____-____

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Name 1 _____ Name 2 _____ Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (____) ____-____-____	ENTERED Y N	Address Only Address 1 _____ Address 2 _____ City _____ State ____ Zip _____ Parish _____ Country _____ Contact Person _____ Contact Person Phone # (____) ____-____-____

Certification - Under penalties of perjury, I certify that:

If the FEIN/SSAN provided is incorrect, you may be subject to a \$50.00 penalty for each infraction and 31% rate of withholding tax under Federal Income Tax Law.

1. The number shown on this form is my correct taxpayers' identification number (or I am waiting for a number to be issue to me), and -
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

SIGNATURE

TITLE

DATE

NAME

VENDOR LOCATION FORM***INSTRUCTIONS***

AGCY: The shaded area is to be completed by the state agency. The primary or master location (main office) of the vendor should be entered in the first block of page one even if the location is not going to be entered in ISIS. The agency should circle “Y” in the shaded area for the locations entered into ISIS. The agency should only assign location codes and enter into ISIS the locations needed. If the primary or master is entered, it should be assigned location code ‘00’ by the requesting state agency when it is entered in ISIS.

VENDOR: The address instructions below should be followed for the “REMIT TO” section also. A name (company and/or personal) may not be listed on the “REMIT TO” section address lines. DO not enter address information in the “REMIT TO” section that is not applicable to all State of Louisiana agencies remitting payments. The “REMIT TO” section should only be used if the general and remittance addresses differ..

1. **FEIN/SSN** - The Federal Tax Identification Number or Social Security Number of the vendor. This is the number to which payments to the IRS will be reported for 1099 reportable vendors.
2. **Name 1** - 30 characters. The legal name of the vendor tied to the FEIN/SSN referenced above. Doctors using a clinic’s FEIN should put the clinic’s name on this line and their name on Name 2. Multiple doctors using the clinic’s FEIN must be set up under the clinic’s name. For Doctors, do not precede the name with Dr., follow the name with MD. Personal titles (Mr., Mrs., Miss, Ms.) are not allowed unless the title is part of the legal name. Punctuation (i.e. commas, periods) should not be included, unless needed for clarity. (i.e. Smith, Smith & Howe Inc) Decedents should be set up as “The Estate Of ...” and legal documentation proving death must be provided. Vendors doing business under another name, must list their name on the Name 1 line and “DBA ...” on the Name 2 line. For joint endorsements, the name associated with the FEIN/SSN should appear on the Name 1 line and the Name 2 line should have the second endorsee preceded by the word “AND”. Do Not include policy or account numbers. The State of Louisiana vendor file is for statewide use.

3. **Name 2** - 30 characters. **See above.**

Address related information entered on this form must conform to US Postal Standards to ensure prompt delivery of correspondence and checks.

4. **Address 1** - 25 characters. General address of the vendor. If the REMIT TO section is not completed, this address will receive all correspondence and payments of the vendor. Therefore, if payments should go to an address differing from the address for correspondence, the REMIT TO section should also be completed. Do not use punctuation in these fields. Post Office boxes and drawers should be entered as “PO Box” or “PO Drawer”. If the vendor has a street address and a Post Office Box/Drawer to which payments and correspondence may both be sent, then list the Post Office Box/Drawer. If the vendor has an address that includes a suite and the street name and number exceed 25 characters, then list the suite number on the Address 1 line and the street name and number on the Address 2 line.
5. **Address 2** - 25 characters. **See above.** Foreign vendors will enter the name of the city, province and zip code, if applicable, on this line.
6. **City** - 15 characters. Enter the city that corresponds to the address entered above. If the city is longer than 15 characters, enter the complete name. The Office of Statewide Reporting and Accounting Policy will abbreviate in accordance with U. S. Postal Regulations. Foreign vendors will enter the name of the country associated with their address here.
7. **State** - 2 characters. Enter the two letter abbreviation for the state associated with the address listed above.
8. **Zip** - 11 digits. Enter the zip code associated with the address listed above. If the vendor has zip + four + two code, please supply it here.
9. **Parish** - If the address listed is within the State of Louisiana, then list the parish name associated with the address listed above. If outside the State of Louisiana, then list “Other”.
10. **Country** - If the vendor is located in the United States, an entry is not required. If outside the United States, enter the name of the country associated with the address above.
11. **Contact Person** - 30 characters. Enter the name of the person authorized by the vendor to answer questions regarding the information contained on this form. A vendor’s record will not be activated without this information.
12. **Contact Person Phone #** - 14 characters. Telephone number through which the contact person listed above may be reached. Please provide a toll-free number, if available. A vendor’s record will not be activated without this information.