GOVERNMENT OF NEWFOUNDLAND & LABRADOR DEPARTMENT OF FINANCE GOVERNMENT ACCOUNTING DIVISION SUPPLIER SETUP AND MAINTENANCE FORM

Action Required

 Add a New Supplier	 Add a New Supplier Site
 Inactivate a Supplier Number	 Inactivate a Supplier Site
 Change the Name of an Existing Supplier/Employee	 Add Banking Information
 Change the Address of an Existing Supplier/Employee	 Change Banking Information
 Add a Business Number to an existing Supplier	

Supplier Number (If Applicable)

Business Number (Number assigr	ed by Canada Reve	enue Agency for Incom	ne Tax & HST/GST purposes)		
Supplier Name					
Site Name					
<u>Supplier Type</u>					
	N #TT A	X7 1			
Employee	MHA	Vendor			
Site Address					
Line 1					
Line 2					
Line 3					
Line 4					
City					
Province/State/County					
Postal/Zip Code					
Site Use	<u>Optional</u>				
She USC					
Pay Site	Contact Nar	me	Title		
Purchase Site RFQ Only Site		ŧ			
	1 un m				
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<u>ELECTRONIC PAYMENT SETU</u> Bank Institution #	To be comp	leted by an individual w	ith bank signing authority:		
	r				
	Signature				
Bank Transit #	Name	Signature Name			
Account Number	Fmail Addr	ess for Remittance			
Department	Approved	By (Departmental)	Date		