# This form is to Create/Amend Vendors

Refer to Guidance Notes available on the Extranet for assistance.

Please note – any vendors not ordered or paid to in the previous two financial years will be blocked.

Email the completed form to The Financial Approver and ask them to check the form, complete section 6 and forward the form, by official School email, to sap.finance@derbyshire.gov.uk.

All vendors (excluding employees) will be added to OrderPoint automatically.

**Contact details:**

Email: sap.finance@derbyshire.gov.uk

## Section 1 – Requester details \*mandatory\*

|  |  |
| --- | --- |
| **Name** |  |
| **School** |  |
| **Telephone** |  |
| **E-mail address** |  |

## Section 2 - Vendor change requests:

**Fill in the details below and then complete section 3 with new ordering details and/or section 4 with new payment details.**

|  |  |
| --- | --- |
| **Vendor number**  |  |
| **Existing vendor name/address** |  |

**Where an existing vendor is required to be transported onto OrderPoint please enter the vendor number and Name in Section 2, any Ordering details in Section 3 (where they differ to what is currently held on SAP) and the Purchasing details in Section 7.**

## Section 3 - Contact details of where the orders are to be placed \*mandatory\*

|  |  |  |
| --- | --- | --- |
| **Account group**Put an ‘X’ to indicate relevant type(One only) | Commercial i.e. Sole trader, Plc, Ltd |  |
| Public Sector |  |
| Not for Profit (Charity) |  |
| Individual i.e. Volunteer, Governor |  |
| Employee |  |
| **Title** |  |
| **Full name/company name** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Address line 3** |  |
| **City or town** |  |
| **County** |  |
| **Post code** |  |
| **Telephone number** |  |
| **E-mail address**Please check vendors spam filters do not block @derbyshire.gov.uk email addresses. |  |
| **VAT registration number** | GB |
| **Factoring details****(if applicable)** |  |

## Section 4 - Contact details of where the payments are to be made to

***Only* complete this section with vendor payment contact details if they *are different* to the vendor order contact details given in section 3 i.e. where the remittances are required to be sent to a different email address to orders.**

|  |  |
| --- | --- |
| **Title** |  |
| **Name/company name** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Address line 3** |  |
| **City or town** |  |
| **County** |  |
| **Post code** |  |
| **Telephone number** |  |
| **E-mail address**Please check vendors spam filters do not block @derbyshire.gov.uk email addresses. |  |

## Section 5 – Payment details \*mandatory\*

**All vendors are set up for BACs payment.**

**We will only accept original or scanned signed letter (company headed if a company) or a bank statement as proof of bank details.**

**Please confirm you have sent via fax, email or post.**

|  |  |
| --- | --- |
| **Sent via:**  | **Date sent:**  |

## Section 6 – Purchasing details

**Please supply the following information as this will assist with spend analysis and may help in achieving procurement savings.**

|  |  |
| --- | --- |
| **Brief description of Goods /Service to be ordered:** |  |
| **What is the order value?** |  |
| **Estimated annual order value, if known** |  |
| **State the tender/quotation details including the Governors minute number and date, if applicable** |  |
| **Will you be using the Orderpoint system to place the order? Delete as appropriate.** | **Yes/No** |

|  |  |  |
| --- | --- | --- |
| **Product Category**Put an ‘X’ in the relevant type | Education (schools) Products and Services |  |
| Catering |  |
| Cleaning and Janitorial |  |
| Clothing |  |
| Domestic Goods |  |
| Financial Services |  |
| Furniture |  |
| Health and Safety |  |
| Mail Services |  |
| Stationary |  |
| Vehicle Management |  |
| Utilities i.e. gas, electric, water |  |
| Professional Services |  |
| Information Communication Technology |  |
| Community (Leisure) Services |  |
| Public Transport |  |
| Other, please state |  |

## Section 7 – Approval \*mandatory\*

**By approving this form I confirm that:**

* **The order(s)/contract to which the creation/change of this vendor relates is in accordance with the LMS financial regulations**
* **Contract records supporting the creation/change are available for internal audit inspection.**

|  |  |
| --- | --- |
| **Approved by** |  |
| **Position**  |  |
| **Telephone number** |  |
| **Date** |  |