

# Vendor Master Setup Maintenance Request Form



FIN-AP-023

## Section 1 – Information and Instructions

The purpose of this form is to provide the MTA Business Service Center (BSC) with information to create a new vendor or update existing vendor information in PeopleSoft. This form is to be completed by Agency Procurement, an MTA employee, or the Vendor. Fields that contain a "\*" prefix are required fields. Please note that forms missing completed required fields will be returned to the requestor for adjustment and resubmission.

Please e-mail the completed form to [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org). If you have any questions, please contact MTA Business Service Center (BSC) at 646-376-0123 or [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

## Section 2 - Requestor Information

\*Date of Request

\*Requestor Name

\*Requestor Organization (vendor only)

Requestor Title

BSC ID (agency requestor only)

\*Agency

Department (agency requestor only)

\*Telephone Number

\*Email Address

## Section 3 – Request Type\*

- ☐ New Vendor [Provide W-9 (domestic) W-8 (foreign) and a blank invoice]
- ☐ Change of Address (Enter address to be replaced in the Section 9 Comments Box)
- ☐ Add New / Additional Address (Provide copy of invoice or letterhead)
- ☐ Change of Default Value(s) (In the comments box, enter information (e.g., remit to address, order address, etc.) to be replaced as vendor master defaults)
- ☐ Change of TIN / Name (Provide new W-9, official state document, blank invoice, and letter explaining reason for change)
- ☐ Change of Payment Terms
- ☐ Add New / Change of Contact Information
- ☐ Change of Bank Information (Copy of Voided Check, Letter from the bank)
- ☐ Other Change (Please Specify)

## Section 4 - Vendor Company Information

Vendor ID (if applicable)

Vendor Type (Please Check One)

☐

Supplier

☐

Employee

☐

Insurance Provider

☐

Attorney

☐

General Deduction

☐

Garnishment Payroll

☐

Workers Compensation

☐

Other (Please Explain)

Legal Business Name [Must Match W-9 Form (domestic) W-8 Form (foreign)]

Business Name, Trade Name, Doing Business As (If Different Than Above)

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Federal Tax ID Number (Corporation, Inc., etc.) Social Security Number (Sole Proprietorship) Employee ID	
BSCID	
Pass Number	
1099 Applicable?	

Section 5 - Vendor Address Information		
Existing Address Sequence Number (applicable to vendor master changes only)		
Invoicing Address		
City	State	Zip Code
Primary Telephone Number	Primary Fax Number	
Remit To Address (If Different Than Above)		
City	State	Zip Code
Purchasing Address (If Different Than Above)		
City	State	Zip Code
Ordering Address (If Different Than Above)		
City	State	Zip Code
Company E-mail Address	Company Website Address	

Section 6 – Vendor Representative Contact Information		
Company Representative Name	Primary Contact	
Telephone Number	Cell Phone Number	
E-mail Address	Fax Number	
Address		
City	State	Zip

Secondary Contact		
Telephone Number	Cell Phone Number	
E-mail Address	Fax Number	
Address		
City	State	Zip

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## Section 7 – Is Your Business Currently Certified as One of the Following? (Please Check)

- ☐ \*MBE (Minority Owned Business Enterprise)  
☐ \*WBE (Women Business Enterprise)  
☐ DBE (Disadvantaged Business Enterprise)  
☐ \*SDV (Service-Disabled Veteran-Owned Business)

**\*MBE / WBE – Attach copy of NYS Empire Development Agency Certification and DBE- NY/NJ PORT AUTHORITY**

## Section 8 – Payment Details

Payment Terms

- ☐ Net 30  
☐ Other, please specify

Payment Method

- ☐ Check  
☐ ACH

If ACH, please provide the banking details below:

Email Address to receive detailed ACH payment information

Bank Name

Bank Account Name

Bank Account Number

ABA Routing Number

## Section 9 – Comments

Claim Number

Workers' Compensation Board Number