## *STATE OF DELAWARE EMPLOYEE VENDOR ID REQUEST*

The State of Delaware now requires the following information for all employees (payees) before any payments can be made. This information will be used to populate and maintain the State's vendor file for BAH/BAQ SGLI, TUITION, and other like DNG payments/reimbursements.

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☐ **New Vendor** ☐ **Change Profile** ☐ **Additional Address**

**Taxpayer ID:** SSN _____ - _____ - _____

**Payment Method:** State employees receive personal reimbursement through Direct Deposit

Bank Name: _____

Account Type: _____ Checking or _____ Savings

Bank Routing Number: _____

Bank Account Number: _____

**Employee Information:**

Employee Name: _____

(***First Name M/I. Last Name)***

**Employee Address:**

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone #: ( ) _____

Fax #: ( ) _____

Contact Email Address: _____

***Certification***

*Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (SSN)*

_____ *Date* _____

*Signature*

***Electronic System Submission***

*Under penalties of perjury I certify that:*

*I am the same person (or payee's agent) accessing the system and submitting this form.* _____

***Initial***

*By submitting this form electronically, I am affixing my electronic signature as the payee (or payee's agent)identified on this form and I am in agreement with the State of Delaware to accept and process this transaction in electronic form.* _____

***Initial***