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| SAP VENDOR MASTER REQUEST FORM |

Note: Direct Payments requests or vendor amendments are to go directly to BSC-Processcontrol **bscprocesscontrol@warrington.gov.uk**

Please read the notes below before completing this form. Part A of this form should be completed by the Vendor. Part B should be completed by the Council Officer requiring the setup/change to be made. Completed forms must only be submitted to Central Procurement by Council Officers.

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| Note Once complete, please save this form as a word document and email it to centralprocurement@warrington.gov.uk |

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| Notes |
| 1. You must not requisition goods, works or services from a vendor until that vendor has been set up on SAP
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| 1. Before requesting the setup of a new vendor, please undertake a detailed search of SAP to confirm that the vendor does not already exist.
 |
| 1. You must raise a Purchase Order prior to the provision of any goods, works or services from the vendor. Invoices received without a Purchase Order will not be paid. - No PO, No Pay
 |
| 1. CIS Where construction works are involved, it is essential that tax requirements are properly dealt with, officers must obtain and validate Exemption Certificates at inception.
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| 1. For vendors that use Factoring Companies, written notification is required from the factoring company and the company concerned stating that the factoring company is taking on financial responsibility for the vendor.
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| PART A – To be completed by vendor |

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| Important Information |
| To be a vendor with Warrington Borough Council the information below must be completed and returned to the Council officer who requested your services.You must only supply goods, works or services on receipt of a Purchase Order from the Council. All invoices must quote the PO number.Invoices without a PO Number will not be paid. |

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| 1. Company Details
 |
| Full Company Name |       |
| Company Number |       |
| VAT Number |       |

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| 2 . Further Details |
|  | **Purchase Order details** | **Payment details (if different from PO)** |
| Building etc |       |   |
| Address 1 |       |   |
| Address 2 |       |   |
| District |       |   |
| City |       |   |
| County |       |   |
| Postcode |       |   |
| Contact Name |       |   |
| Contact Telephone |       |   |
| Accounts Telephone |       |   |
| Fax Number |     |   |
| Email remittances |      |   |
| Email Purchase Orders |       |   |

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| 1. Bank Details
 |
| Sort Code |       |
| Account Number |       |
| Account Name |       |
| Roll Number (Building Society Only) |   |

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| 1. CIS Details (Only applicable to vendors subject to the Construction Insurance Scheme)
 |
| Rate(Tick as applicable) | Gross 0% [ ]  | Normal 20% [ ]  | Higher 30% [ ]  |
| UTR Number |       |
| Verification Number  |       |
| Verification Date |       |
| National Insurance Number |   |
| CIS Trading Name |       |

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| 5 Premier Supplier Service |
| The Council operates a Premier Supplier Service, this ensures that you are paid more quickly than the standard 30 days terms of payment the Council offers. Further details can be found at <https://www.warrington.gov.uk/info/201259/business_and_procurement/2173/premier_supplier_service_pss> |
| Please indicate if you wish to participate in the Premier Supplier Service | Yes [ ]  No [ ]  |

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| 1. Declarations of Compliant Trading
 |
|  | Confirm  |
| I confirm that within the past five years my organisation or any person who has powers of representation, decision or control in the organisation has not been convicted anywhere in the world of any of the offences listed on in the link below <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf>. | Yes [ ]  No [ ]   |
| I confirm that my organisation is taking all possible steps to ensure the elimination of offences covered by the Modern Slavery Act 2015 from my organisation’s supply chains.  | Yes [ ] No [ ]  |
| I confirm that in the last five years, my organisation has not been subject to formal investigation which resulted in a proven case of ‘blacklisting’? | Yes [ ] No [ ]  |
| If the answer to any of the above questions is N, please detail the reasons in the space below. |
|       |
| Consequences of misrepresentationA serious misrepresentation which induces a contracting authority to entering to a contract may have the following consequences for the signatory that made the misrepresentation:-● The potential supplier may be excluded from bidding for contracts for three years, under regulation 57(8)(h)(i) of the Public Contract Regulations (“PCR”) 2015;● The contracting authority may sue the supplier for damages and may rescind the contract under the Misrepresentation Act 1967.● If fraud, or fraudulent intent, can be proved, the potential supplier or the responsible officers of the potential supplier may be prosecuted and convicted of the offence of fraud byfalse representation under s.2 of the Fraud Act 2006, which can carry a sentence of up to 10 years or a fine (or both).● If there is a conviction, then the company must be excluded from procurement for five years under reg. 57(1) of the PCR (subject to self-cleaning). |

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| 1. Completed by
 |  |  |  |
| Name |       | **Tel No** |       |
| Job Title |       | **Email** |       |

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| PART B – To be completed by Council Officer |

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| 1. Reason for request (Tick as appropriate)
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| Create [ ]  | **Change** [ ]  | **Block** [ ]  |

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| 1. If this request is to change or block a vendor please enter the SAP vendor number below
 |
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| 1. Does this vendor use a factoring company? (Tick as appropriate)
 |
| Yes [ ]  | **No** [ ]  |
| If “Yes” please provide name and “payment Address details |   |

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| 1. Is this vendor a company which supplies works or services (delete as appropriate)
 |
| Yes [ ] No [ ]  | **If the answer is “Yes”. By completing this form you are confirming that you have carried out Due Diligence with this Vendor, and that they have the appropriate public, employers and indemnity insurance and the security/legal clearances necessary to carry out their role in a safe and legal manner** |

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| 1. Please give a full description of the work which the supplier will be providing to the Council. If current vendors provide the same or a similar provision please deail why these are not suitable.
 |
| Description |     |
| Detail the total anticipated value of the work which the supplier will be providing | £  |

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| 1. Please describe the procurement process you have undertaken to select the vendor. Detail if this has been through a tender, quote or waiver. If a quote has been used, please detail how many other companies quoted or where invited to quote.
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| Description |     |

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| 1. Procurement of Consultants – If this is a procurement of a consultant, has an assessment of the National Insurance and tax implication of the engagement been undertaken by the Council’s payroll team (delete as appropriate)
 |
| Yes [ ]  | **No**  [ ]  |

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| 1. Officer Requesting
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| Officer Name |   |
| Directorate |   |
| Date |   |
| Phone number |   |

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| PART C – Office Use |

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| 1. Central Procurement
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| CCPT Approval (delete as appropriate) | **Yes** [ ]  | **No** [ ]  |
| Officer Name |   |
| Date |   |
| Comments |   |

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| 2. BSC Process Control |
| Vendor Number |   |
| Request Completed | **Yes** [ ]  **No** [ ]  |
| User Notified | **Yes** [ ]  **No** [ ]  |
| Comments |      |
| Set up by |   |
| Date |   |