



## SPECIAL USE VENDOR ID REQUEST

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

### Part I: Vendor Information

Legal Business Name:

Taxpayer Identification Number (TIN):

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Vendor ID:

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Number, Street, Apartment, Suite Number or Rural Route:

City or Town, State or Province, Postal Code:  
(include Country where appropriate)

### Part II: Business Need for a Special Use Vendor ID

If requesting more than one location (for additional payees),  
please use the *Additional Location Request Form*.

**For VMU Use**

Check the type of Special Purpose Vendor	List additional required information	Location	Address
<input type="checkbox"/> Advance / Sole Custody Vendor	Account Number		
<input type="checkbox"/> Debt Service Vendor	DS #		
<input type="checkbox"/> Interagency Vendor	GLBU		
<input type="checkbox"/> Vendor for the Purchase of Land or Property <input type="checkbox"/> Priority – Check box if this is an old claim now being processed for payment <input type="checkbox"/> Involuntary Eminent Domain	W #		
	Property Location		
<input type="checkbox"/> Surety	Original Contract Number		
	Surety Contract Number		
<input type="checkbox"/> Municipality Vendor	Municipality Code		
<input type="checkbox"/> One-Time	Reference Number		
<input type="checkbox"/> Payroll	Bulk Load Date		
	Deduction Code		
<input type="checkbox"/> Other	Purpose		

### Part III: Business Unit Information

Business Unit:

Business Unit Contact:

Email Address:

Phone Number:

Fax Number:

**SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER – VENDOR MANAGEMENT UNIT**  
**Fax: (518) 402-4212**

**Mail: 110 State Street Mail Drop 10-4, Albany, NY 12236-0001**

## NYS Office of the State Comptroller Instructions for Special Use Vendor ID Request Form

**Part I: Vendor Information**

**Legal Business Name (Required):** For an individual, enter the name of the person doing business with NYS as it appears on his/her Social Security card or other required Federal tax documents. For an organization, enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names or use a Doing Business As name (DBA).

**TIN (Required):** The individual party's taxpayer identification number (FEIN or SSN).

**Vendor ID (VMU Assigned Upon Approval):** The NYS Vendor ID is a ten-character identifier issued by the Vendor Management Unit when the vendor is registered in the Vendor File.

**Address (Required):** List the remittance address for the party.

Number, Street, Apartment, Suite Number or Rural Route  
City or Town, State or Province, Postal Code

**Part II: Business Need for a Special Use Vendor ID**

**Check the type of Special Purpose Vendor and list additional required information:**

Advance / Sole Custody Vendor	Account Number – Enter the assigned Account Number.
Debt Service Vendor	DS # – List the Debt Service Number (DS #) assigned to the Debt Service contract.
Interagency Vendor	General Ledger Business Unit – Enter the assigned General Ledger Business Unit.
Vendor for the Purchase of Land or Property	Check the Priority check box to identify if the request is an old claim.
	Check the Involuntary Eminent Domain check box to identify if the request is for a disputed claim where the claimant(s) have not agreed to settle on a contract price for the land or the federal money received to pay the land owner must be deposited into a separate sub account to be paid to the claimant(s) at a later date.
	W # – Enter the assigned W contract number.
	Property Location – Enter the applicable property State Highway Number, Property Map Number and Parcel Number.
Surety	Original Contract Number – Enter the OSC assigned contract number for the contract which the surety is taking over.
	Surety Contract Number – Enter the OSC assigned contract number for the new contract established for the surety.
Municipality Vendor	Municipality Code – Enter the Municipality Code.
One-Time	Reference Number – Enter the reference number if known for the requested Special Use Vendor ID.
Payroll	Bulk Load Date – Enter the date payroll will bulkload transactions for payment.
	Deduction Code – Enter the assigned payroll deduction code
Other	Purpose – State the purpose for this Special Use Vendor ID Request.

**Location (VMU Assigned Upon Approval):** The Location ID associated with the individual party's payment information.

**Address (VMU Assigned Upon Approval):** The Address ID associated with the individual party's payment information.

**Part III: Business Unit Information**

**Business Unit (Required):** Name of Business Unit requesting the **Special Use** Vendor ID

**Business Unit Contact (Required):** Name of person requesting **Special Use** Vendor ID

**Email Address (Required):** Business Unit contact's email address

**Phone Number (Required):** Business Unit contact's phone number

**Fax Number (Required):** Business Unit contact's fax number