

**NEW MEXICO DEPARTMENT OF FINANCE &
ADMINISTRATION FINANCIAL CONTROL DIVISION
POC COVERSHEET**

CHECK ALL THAT APPLY

NEW SUPPLIER	VERIFIED SUPPLIER IS NOT IN SHARE (SEARCH BY TIN/EMPLOYEE ID)	
EXISTING SUPPLIER	SHARE SUPPLIER ID	ACTIVATE/UPDATE
9A D@CM99	VERIFIED WITH HR	DATE OF TRAVEL/REIMBURSEMENT
SET-UP AS A DUAL SUPPLIER	EXPLANATION	
CHANGING LEGAL NAME FROM:	TO:	DATE OF CHANGE
CHANGE OF TIN FROM :	TO:	DATE OF CHANGE
ADD OR CHANGE ACH DIRECT DEPOSIT	APPLY TO LOCATION	
REMOVE ACH	APPLY TO LOCATION	
ADD OR CHANGE ADDRESS/LOCATION	ADDRESS/LOCATION	
SPECIFIC NEED FOR ADDITIONAL ADDRESS		

AGENCY POC INFORMATION:

BUSINESS UNIT #:
POC NAME:
POC PHONE NUMBER:
POC EMAIL

W-9 SUBMISSION INSTRUCTIONS:

LEGIBLE AND COMPLETE
SIGNED AND DATED BY SUPPLIER (CURRENT DATE)
IF REQUESTING ACH- VOIDED CHECK OR BANK LETTER INCLUDED
IF USING FEDERAL FORM AND REQUESTING ACH-**OPTIONAL DIRECT DEPOSIT FORM** IS ATTACHED
IF THIS REQUEST IS FOR A STATE EMPLOYEE- USE AGENCY ADDRESS NOT PERSONAL ADDRESS
*EMAIL **W-9** AND **COVERSHEET** TO VENDOR.RELATIONS@DFA.NM.GOV
THE SUBJECT OF EMAIL MUST INCLUDE THE **VENDOR NAME AND **VENDOR NUMBER** IF
APPLICABLE

***Coversheet to be completed and submitted by State of New Mexico Agency VR Point of Contact or Agency CFO

FRAUD PREVENTION AND ANY ADDITIONAL COMMENTS:

The following method was used to verify that this is an authentic W-9 and completed by the actual supplier/authorized representative.

WHAT IS BEING PURCHASED FROM SUPPLIER? IF A PROVIDING A SERVICE, WHAT TYPE OF SERVICE?

FOR DFA USE ONLY: