

MANUAL REQUEST FOR SAP EMPLOYEE VENDOR MAINTENANCE (PDF)

This form is to be completed, preferably typed, and submitted to Master Data Management in the Shared Services Centre. If this form is completed by another person, it MUST be signed by the actual employee.

REQUEST TYPE: *Mark applicable box with "X"*

Create:		Modify Existing:		SAP Vendor No: (if Modifying)	
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Type of Claim to be processed:

IDENTITY & LOCATIONS:

Employee Name:

Employee Serial /Payroll No: (main)

Permanent / Casual?

Organisation
(tick or X)

School

DEC

TAFE

AMES

Work Location Name, and/or School Code:

Address & Contact Details:

Address Line 1:

Address Line 2:

Suburb:

Postcode:

State:

Country

Australia

Telephone:

Home:

Work:

Work Email Address (for remittance)

EMPLOYEE / VENDOR BANK DETAILS:

Bank BSB:

Bank Account No.:

Bank Name:

Name of Account Holder:

I confirm the above details are correct:

Employee Signature:

Date:

**FAX COMPLETED FORM TO: 02 8633 1584 or
EMAIL TO: ssc.masterdatamanagement@det.nsw.edu.au**

Notification of Vendor Account number: If SSC Expenses Claims or an Employee Services area needs to be advised of the new ZEMP account Number, enter the relevant contact or office and email address:

Contact or Office:

Email:

NSW Education & Communities Shared Service Centre