



GV Health

FIN001 Vendor form

INSTRUCTIONS FOR USE

This form is used to collect information on new vendors or to update existing vendors. When completed this form should be forwarded to the Finance Department - Payment Services. AccountsPayable@gvhealth.org.au
Supporting documentation must be attached to verify vendor details.

VENDOR DECLARATION (to be completed by supplier / vendor)

Request type	New vendor	Amend existing vendor details	
Declaration If you answer 'Yes' these declarations provide details below. (Additional COI paperwork may be required)	Are you a current employee of Goulburn Valley Health?	Yes	No
	Department	Employee #	
	Do you declare a conflict of interest with Goulburn Valley Health or any of its employees as defined within the <i>'Procurement – Supplier Code of Conduct'</i>	Yes	No
Conflict of interest details			

VENDOR DETAILS

Business name	
ABN (11 digits)	
Address	
Contact number	
Email address (to send remittance advice to)	

VENDOR BANK ACCOUNT DETAILS (proof of bank details are required, in the form of bank deposit slip or copy of bank statement)

Account name			
BSB		Account number	

VENDOR AUTHORISATION (GV Health's payment terms are: 30 days from date of invoice and cheque payments are not available)

Name		Date	
Position			
Signature			

GVH FINANCE OFFICE USE

CONFIRMATION WITH VENDOR (confirmation should be completed independently of this form, once confirmed provide confirmation details below)

Contact number		Contact name	
Confirmed by		Date	

AUTHORISATION (post confirmation, all new vendors are to be authorised by Financial Controller, the Manager Financial Services or the Financial Accountants before being set up)

Approved by		Date	
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FMIS ORACLE SETUP / DETAILS AMENDED

Supplier number					
Site details (setup)	AP site	PO site	Site requestor notified?	Yes	
Processed by				Date	

Form code:	FIN001
Form title:	Vendor form
Approval date:	1 September 2024
Responsibility for review:	Financial Controller
Additional copies of this form:	Finance intranet site