Supplier Maintenance Form PLEASE ATTACH REQUIRED SUPPORTING DOCUMENTATION

Ministry of Finance Provincial Comptroller's Office Financial Systems Branch

700 - 2350 Albert Street Regina SK S4P 4A6

Ministry	Date	e (dd/mth/yy)	
Authorized by Pr		pared by	
	Pho	nne	
Site Uses:			
Pay/Purchasing F	Purchasing Only	-	
Operating Unit: (Must check one)	Classification: (Must check one)	Supplier Name:	
Primary	Board Member/Tax Reporting		
Other	Ministry Entity		
(Operating Unit Name)	Employee	Supplier Number:	
D	(Future Number)	Complian Oites	
Purpose: Check all that apply:	Federal Government	Supplier Site:	
New Supplier	Sask. Government Entity	Address:	
New Supplier Site	Supplier		
Reactivate Supplier	Transfer/Grant Recipient	City:	
Change Name			
Change Address		Province/State: Postal Code/ZIP	
Change Classification		Flovince/State. Fostal Code/ZIF	
Change Site Use		Country:	
Tax Reporting only (T4A)		Tax Reporting information is only required for	
Tax Registration #:		Board Members and Transfer/Grant recipients. In order to add email address to supplier record for	
Email:		T4A purposes, consent must be attached.	
Ministry Verification Process:			
Phoned Supplier Verified By:			
Located Supplier in Phone Book Signature			
Located Supplier on Internet		Central Use Only	
On-line Utility (Canada 411 or MySask.com)		Entered by:	
Other		Date (dd/mth/yy)	

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