

Treasury Circular No. 03 of 2016

MY REF: GE1 VOL IV/2016 (25)

FROM: Accountant General, Treasury Department

TO: Chief Executive Officers, Heads of Departments, Accounting

Officers and Finance Officers.

SUBJECT: VENDOR AUTHORIZATION FORMS - SMARTSTREAM

PAYABLES

Date: April 29, 2016

The Treasury Department has embarked on strengthening its internal control system. As a result and effective June 1, 2016, all Government Departments wishing to add a supplier or payee, known also as "Vendor", will be required to submit completed "Vendor Authorization Forms".

These forms will need to be filled by all entities wishing to receive payments from the Government of Belize. The forms must be completed when Persons or Businesses are added as new Vendors or when existing Vendors require an update to their information.

The forms will serve the following purposes:

- To authorize the Treasury Department to deposit funds into indicated bank accounts
- As source documents to identify entities who are to receive payments
- The Vendor will assume the risk of loss if information provided is inaccurate
- To reduce costs associated with printing of cheques

Upon submission the Vendor Information Forms must:

- Be duly signed by the Vendor
- Finance Officers are to scan and email the forms to Vendor_Account network email
 - o use of fax is discouraged to avoid delay and ensure the efficient processing of the request
- Include copy of Social Security Card of Vendor (Passport copy for foreigners)
- Be verified by Finance Officers before submission and after Vendor Management has completed the process
- Follow the Vendor Account Policy at all times

The Accountant General informs that any request without the Vendor Authorization Forms are not going to be processed. Any request submitted after the June 1, 2016 will need to be accompanied the said forms. Also, previous requests which have not been processed after this date will need to be resubmitted with the form attached.

Page 2 April 29, 2016

Copies of the forms are attached and will be made available on the network public folder and online at http://www.belize.gov.bz/index.php/usefullinks/publications/viewcategory/12-treasury

Thank you in advance for your cooperation.

ANNA BENNETT (MS.) Accountant General

cc: Financial Secretary, Ministry of Finance Auditor General, Audit Department

Att.



Vendor Authorization Form For BUSINESSES

	New: Update:
	lly and Complete in Block Letters
*Tax Id. Number (TIN):	
().	
Registered	
Business Name:	
Address:	
Email Address:	
Phone Number:	
Bank or Credit	
Union:	
Account #:	
Account #.	(As provided by bank - complete with branch code where applicable)
Account Holder's	
Name:	
	(As it appears on bank records)
Comments:	
	Note and Disclaimer
> This form is to be	signed by two (2)**authorized representatives from the business that wishes be added to the SmartStream
	it in order to receive payment(s) from any Government of Belize Ministry/Department.
	tion for vendors needs to be verified and businesses will be required to re-submit documents already ayment is executed. Businesses should be ready to provide such when required.
provided before a p	ayment is executed. Businesses should be ready to provide such when required.
> By signing below	the business representatives certify that the banking information provided is accurate, belongs to the
business and assum	e full responsibility in the event amounts sent to the indicated account results in payment being
rejected*** or is se	ent to an account which does not belong to the business and for which the Government of Belize shall not
have any liability wl	natsoever.
Signature:	Signature:
Print Name:	Print Name:
Job Position:	Job Position:
Date :	Date :
*Must be Registered	with G.S.T or Income Tax Department - TIN is provided by those
entities.	
**If Sole Proprietors	hip, please indicate so in comments and owner is to sign. Busines Stamp

***In event that innacurate account information is provided; a new form will need to be

completed



Vendor Authorization Form For PERSONS New: Update: Update:

Social Security* #	
social Security #	(must be complete 9-Digit number - Copy of SS Card MUST to be submitted)
FULL Name:	
	(as seen on SS Card)
	Tax Id. Number
Jr./Sr.?	(TIN):
Address:	
Email Address:	
Phone Number:	
Bank or Credit	
Union:	
Account #:	
•	(As provided by bank - complete with branch code where applicable)
Account Holder's	
Name:	(As it appears on bank records)
	(As it appears on bunk records)
Comments:	
	Note and Disclaimer
	completed by the person who wishes to be added to SmartStream Payables Vendor List in order to
eceive payment(s)	from any Government of Belize Ministry/Department.
	tion for vendors needs to be verified and in such cases persons will be required to re-submit documents efore a payment is executed. Persons should be ready to provide such when required.
By signing below t	the person certifies that the banking information provided is accurate, belongs to him/her and assumes
	the event amounts sent to the indicated account results in payment being rejected** or is sent to an
ccount which does	s not belong to him/her and for which the Government of Belize shall not have any liability whatsoever.
ignature:	
rint Name:	
Date :	

^{*} For foreigners, a copy of passport will be accepted - all Belizean nationals/citizens are to use SS Cards.

^{**} In event that innacurate account information is provided; a new form will need to be completed