

## MANUAL REQUEST FOR SAP EMPLOYEE VENDOR MAINTENANCE (PDF)

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

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

<b>Create:</b>		<b>Modify Existing:</b>		<b>SAP Vendor No:</b> (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

DoE

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:**

**EMAIL TO:** [EDConnect.mdm@det.nsw.edu.au](mailto:EDConnect.mdm@det.nsw.edu.au)

**Notification of Vendor Account number:** If Expense 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:**

**EDConnect, Shared Services Finance**

**Contact: 1300 32 32 32**