|  |  |  |
| --- | --- | --- |
| https://www.wiki.ed.ac.uk/download/attachments/87891303/UoE_Horizontal-Logo_CMYK.jpg?version=1&modificationDate=1416220963000&api=v2 | **UNIVERSITY of EDINBURGH****Estates Department** | **T8 SUPPLIER REQUEST** |
| Estates Lead: |  |
| Project Lead: |  |
| **Filing Ref:**  | Version: |  |
|  |
| **APPROVAL FOR NEW CONTRACTOR / CONSULTANT / SUPPLIER *(Circle as appropriate)*** |
| **Section 1: TO BE COMPLETED BY THE REQUESTER (Estates Department)** |
| Requester Name: | (PRINT) |
| Department Name: |  | Contact No: |  |
| Company Name: |  |
| Address 1: |  |
| Address 2: |  |
| Address 3: |  |
| City: |  |
| Postcode: |  |
| Telephone No: |  |
| Email (general contact): |  |
| Email (accounts dept): |  |
| VAT Registration No: |  |
| Company Registration No: |  |
| Contact Person: |  |
| Company Type: |

|  |  |
| --- | --- |
| Contractor |  |
| Consultant |  |
| Supplier |  |

Tick one as applicable: |
| Briefly explain below what works / goods / services that this company will supply and why a new supplier is required:

|  |
| --- |
|  |
|  |

For example, a Contractor engaged in construction related activity would be e.g. JOINERY WORK, a Consultant would be e.g. DESIGN TEAM SERVICES and a Supplier would be e.g. SUPPLY OF FURNITURE. |
| Please identify which existing supplier is to be removed:

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor code: |  | Vendor Name: |  |
| Date vendor informed: |  | Reason: |  |

Where any of the insurance, indemnity, certificates or policies have already been received by Procurement, or any other Department within Estates, I confirm that they are attached to this document.I confirm that I have checked that there is no framework or agreement already in place with another company which can be used.

|  |  |
| --- | --- |
| Anticipated annual costs: |  |
| Requester Signature: |  |
| Date: |  |

 |
| **DOCUMENTS / LICENCES TO BE REQUESTED: *Please ensure that all empty boxes have been populated either with a tick or N/A***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Safety Schemes In Procurement (SSIP)\* |  | *Mandatory for Contractors* | Bank Details for BACS Payment | ✓ |
| Gas Safe |  |  |  |  |
| Equal Opportunities Policy | ✓ |  |  |  |
| Public Liability Insurance | ✓ | Amount Required | £ | \*\* |
| Employer Liability Insurance | ✓ | Amount Required | £ | \*\* |
| Professional Indemnity |  | Amount Required | £ | \*\*\* |

***Finance will request documents directly from the vendor, as indicated above***\*If the Contractor is registered with SSIP, please provide a copy of the SSIP certificate, along with this completed request.\*\* Employers Liability Insurance minimum £10M. Public Liability Insurance minimum £1M. Actual amount depends on the scope and the value of the contact, complete amount required as appropriate.\*\*\* Professional Indemnity, if required, minimum £5M. Actual amount required depends on the scope and the value of the contract, complete amount required as appropriate.

|  |  |
| --- | --- |
| Date details requested from the Contractor, Consultant or Supplier by Finance: |  |

 |
| **TO BE FORWARDED TO ESTATES MANAGEMENT GROUP, 9-11 INFIRMARY STREET – Director of Estates, Head of Estates Development, Head of Estates Operations, Head of Support Services, Head of Estates Planning and Special Projects, Head of Minor Projects or Head of Capital Projects.** |

|  |
| --- |
| **SECTION 2: TO BE AUTHORISED BY A MEMBER OF THE ESTATES MANAGEMENT GROUP** |
| Authoriser’s Name: | (SIGN) |
| Date: |  |
| **TO BE FORWARDED TO ESTATES FINANCE DEPARTMENT, 9-11 INFIRMARY STREET** |

|  |
| --- |
| **SECTION 3: TO BE COMPLETED BY ESTATES FINANCE** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor code: |  | Date added to E-fin/Activated: |  |
| Date actioned by finance: |  | Date user informed |  |

To be completed once Accounts Payable have allocated a vendor code

|  |  |
| --- | --- |
| Finance Team – initial and date: |  |

 |