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| 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 MAKING AN INACTIVE** **CONTRACTOR / CONSULTANT / SUPPLIER ACTIVE *(Circle as appropriate)*** |
| **Section 1: TO BE COMPLETED BY THE REQUESTER (Estates Department)** |
| Requester Name: | (PRINT) |
| Department Name: |  | Contact No: |  |
| Vendor Code: |  |
| Company Name: |  |
| Address 1: |  |
| Address 2: |  |
| Address 3: |  |
| City: |  |
| Postcode: |  |
| Telephone No: |  |
| Email (general contact): |  |
| Email (accounts dept): |  |
| Briefly explain below what works / goods / services that this company will supply:

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| I confirm that I have checked that there is no framework or agreement already in place with another company which can be used.

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| Anticipated annual costs: |  |
| Explanation / justification for making supplier active: |  |
| Requester Signature: |  |
| Date: |  |

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

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| Safety Schemes In Procurement (SSIP)\* |  | *Mandatory for Contractors* |  |  |
| 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.

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

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| **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.** |

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| **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** |

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| **SECTION 3: TO BE COMPLETED BY ESTATES FINANCE** |
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| Vendor code: |  | Date reactivated in e-Financials |  |
| Date actioned by finance: |  | Date user informed |  |

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