

Understanding Assignments of Payments

Note: The Payment Assignment Form is not to be used to set up an assignment of a contract. Consult the contract for contract details.

Overview and Background

Part I, Chapter 32, Section E(1)(a) “**Limited Assignments – Assignments of Payments**” of the Procurement Handbook allows for assignment of payment *from one vendor to another*. In summary, the assigning contractor (Assignor) authorizes issuance of payment for a specific purchase order (PO) to a different named contractor (Assignee). The Assignor remains responsible for the complete fulfillment of the PO and any Contractor Responsibility Program (CRP) issues associated with the PO.

Requesting the Assignment of Payment

Fill out the “Notice and Acknowledgement of Assignment of Payment” form accompanying this explanation page entitled, “Understanding Assignments of Payments”.

Effective Date—The date agreed upon between the Assignor and Assignee the invoices remit-to address would be changed to reflect the Assignee’s information.

Assignor—Company name, tax identification number (TIN) and vendor number that the specific purchase order was awarded to. Please fill in the printed name, title, email, and phone number and have the Assignor contact person sign and date the form.

Assignee—Company name, tax identification number (TIN) and vendor number and specific remit-to address including zip plus four postal code (acknowledged by the U.S. Postal Service at www.usps.com) that will be clearly printed on each invoice relating to the Assignment of Payment PO. Please fill in the printed name, title, email address and phone number of the Assignee contact and have the person sign and date the form.

Purchase Order (PO) No—The specific purchase order number the Assignment of Payment refers to. Assignor may make copies of the form for additional POs. One (1) PO per one (1) Assignment of Payment form. The specific PO number and vendor number is printed at the top of page 1 of the awarded PO.

It is the Assignor’s responsibility to:

1. Confirm that the Notice and Acknowledgement of Assignment of Payment form is correctly filled out in entirety. A submitted form missing information or signatures will be automatically rejected.
2. Present the Agency Purchasing Agent who created the PO with the completed form.
3. Submit the form to VDMU via fax: 717-214-0140 or via email:
RA-PSC_SUPPLIER_REQUESTS@PA.GOV

It is VDMU’s responsibility to:

1. Review the Notice and Acknowledgement of Assignment of Payment submitted form along with Comptroller/Contracts, Comptroller/Exceptions, Comptroller/Invoice Processing and either approve or not approve the request.
2. Reply back to the Assignor. If the request is approved, provide the approved document denoting the vendor number associated with the approval. If the request is not approved, return the form to the Assignor along with an explanation.
3. If the request is approved, create the appropriate partner record to fulfill the payment presented-by requirement with the appropriate remit-to address of the Assignee.

NOTICE AND ACKNOWLEDGEMENT OF ASSIGNMENT OF PAYMENT

Effective Date: _____

To Department of Treasury, Agency Purchasing Agent, Comptroller/Contracts, Comptroller/Exceptions, Comptroller/Invoice Processing and Comptroller/VDMU:

The Commonwealth of Pennsylvania ("Commonwealth") is hereby directed, by the signatures below by _____ ("Assignor"), to pay directly to _____ ("Assignee")

at the address set forth below, all payments required to be paid by the Commonwealth under the terms of

Purchase Order No: _____ awarded to Vendor Number: _____.

All payments shall be paid to Assignee at its office at the address listed under Assignee Remit-To Information. Remit-To name and address listed below shall match remit-to information printed on invoice(s) submitted for aforementioned Purchase Order No.

Assignee Remit-To Information:

Tax Identification Number _____ Vendor Number _____

Company Name: _____

Address 1 _____

Address 2 _____

City: _____ State _____ ZIP _____

Signature: X _____ Date: _____

Printed Name _____ Email: _____

Title: _____ Phone: _____

Assignor:

Awarded Contractor Company Name: _____

Signature: X _____ Date: _____

Printed Name _____ Email: _____

Title: _____ Phone: _____

DO NOT WRITE BELOW LINE

Request for Creation of Partner Record (i.e. 902 partner)

____ Approved ____ Not Approved because _____

Vendor number associated with approved Assignment of Payment: _____ -- _____