

ADDING/UPDATING A VENDOR IN MUNIS

In order for the City of Concord to create purchase orders and subsequently pay invoices, each vendor must be properly entered into "Vendor Service" in the City's financial management software (Munis). Please provide the following information to ensure that your information is properly entered in our system.

VENDOR NAME (as it appears on the W-9): _____

VENDOR WEBSITE URL: _____

1. PURCHASE ORDER MAILING ADDRESS:
2. PURCHASE ORDER PHONE NUMBER:
3. PURCHASE ORDER EMAIL ADDRESS:
4. PURCHASE ORDER FAX NUMBER:
5. REMIT ADDRESS:
6. REMIT PHONE NUMBER:
7. REMIT EMAIL ADDRESS:
8. REMIT FAX NUMBER:
9. STANDARD FREIGHT TERMS (FOB: DESTINATION OR FOB: ORIGIN):
10. STANDARD INVOICE PAYMENT TERMS (Net 30 Days, 2% 10 Net 20 Days etc.):
11. PROMPT PAYMENT TERMS (Ex. 2% 15 Net 30 Days etc.):
12. IDENTIFY THE GOODS/EQUIPMENT/SERVICES YOU WILL PROVIDE TO THE CITY:
13. W-9. Please complete and provide the attached W-9.
14. INDEMNIFICATION AND INSURANCE CERTIFICATE. If the vendor is coming onto City property to perform a service, the attached Indemnification Agreement must be completed and signed and the vendor must provide her/his firm's insurance certificate as detailed by the attached. If you have questions about the types and levels of coverage required please contact Tina Waterman.

NAME: _____

DATE: _____

Please send via mail, email or fax to: City of Concord, Purchasing Division, Attention: Tina Waterman, 311 North State Street, Concord, NH 03301; (603) 230-3656 (Fax); twaterman@concordnh.gov.

CITY OF CONCORD, NEW HAMPSHIRE

INDEMNIFICATION AGREEMENT

Vendor shall defend, indemnify, and hold harmless the City and its officials, agents, and employees (collectively, the “Indemnified Parties”) from and against all demands, claims, suits and actions seeking damages, penalties, attorney’s fees, costs, expenses, equitable relief, statutory relief or any other relief on account of bodily injury, death, personal injury, property damage, economic injury and any other injury or loss, (collectively, “Liabilities”) arising from or relating to this contract, unless the Indemnified Parties were solely negligent.

In addition, Vendor shall defend, indemnify and hold harmless the City for any costs, expenses and liabilities arising out of a claim, charge or determination that Vendor’s officers, employees, contractors, subcontractors or agents are employees of the City, including but not limited to claims or charges for benefits, wages, fees, penalties, withholdings, damages or taxes brought in connection with laws governing workers compensation, unemployment compensation, social security, Medicare, state or federal taxation, and/or any other similar obligation associated with an employment relationship.

The indemnification obligations set forth herein shall survive the term of the contract. Vendor must choose defense counsel acceptable to the City and obtain the City’s consent to any proposed settlement.

COMPANY _____

TAXPAYER IDENTIFICATION NUMBER _____

AUTHORIZED SIGNATURE _____

DATE _____

ADDRESS _____

TELEPHONE _____

E-MAIL ADDRESS _____

**City of Concord, New Hampshire
Insurance Requirements for All Vendors**

Additional Coverage is Required if Checked

Minimum Limits Required

Commercial General Liability (X)

General Aggregate	\$2,000,000
Products-Completed Operations Agg.	\$2,000,000
Personal and Advertising	\$1,000,000
Each Occurrence Injury	\$1,000,000
Fire Damage (Any One Fire) Medical	\$ 50,000
Expense (Any One Person)	\$ 5,000
<input type="checkbox"/> Occurrence	
<input checked="" type="checkbox"/> Claims Made	

Additional Coverage to Include

<input type="checkbox"/> Owners & Contractors' Protective – Limit	NA
<input type="checkbox"/> Underground/Explosion and Collapse	

Commercial Automobile Liability

Combined Single Limit	\$1,000,000
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- Any Auto, Symbol 1
- Include Employees as Insured

Additional Coverage to include:

<input type="checkbox"/> Garage Liability	NA
<input type="checkbox"/> Garage Keepers Legal Liability	NA

Workers Compensation

NH Statutory including Employers Liability	
- Each Accident/Disease-Policy Limit/Disease-Each Employee	\$100,000/\$500,000/\$100,000

Commercial Umbrella

May be substituted for higher limits required above	\$1,000,000
<input type="checkbox"/> Follow Form Umbrella on ALL requested Coverage	

Other

<input type="checkbox"/> 1. Professional/Errors & Omissions	NA
<input type="checkbox"/> 2. Builders Risk – Renovation Form	
All Risk completed value form including Collapse	NA
Sublimit for Soft Cost Coverage	NA
<input type="checkbox"/> 3. Installation Floater (Equipment)	NA
<input type="checkbox"/> 4. Riggers Liability	NA
<input type="checkbox"/> 5. Environmental – Pollution Liability	NA
<input type="checkbox"/> 6. Aviation Liability	NA
<input type="checkbox"/> 7. Watercraft – Protection & Indemnity	NA

(X) **The City of Concord must be named as Additional Insured with respect to general liability**



City of Concord, New Hampshire
FINANCE DEPARTMENT
CONTROL & PURCHASING DIVISIONS

311 NORTH STATE STREET, CONCORD, NH 03301
(603) 225-8560 FAX: (603) 230-3656 www.concordnh.gov

June 26, 2018

Subject: **City of Concord Purchase Orders, Vendor Packing Lists and Invoices**

Dear Vendor:

To ensure the prompt payment of your invoices and in conformance with the City's Code of Ordinances, Chapter 31, Article 31-1, Purchasing Procedure, it is required that:

1. **Prior** to the delivery of any goods, equipment and/or services, a **valid and correct** City of Concord purchase order number must be issued to your firm. Invoices submitted without referencing a valid and correct City of Concord purchase order number will not be paid. To confirm if a City purchase order number is valid and correct, please contact the City's Purchasing Manager at (603) 230-3664.
 - a. Note: Delivery of goods, equipment and/or services detailed on a City of Concord purchase order shall indicate acceptance of the City's standard purchase order terms and conditions by the vendor. The City's standard purchase order terms and conditions may be viewed on-line at www.concordnh.gov/Purchasing.
2. All subsequent packing lists must reference the following correct information:
 - a. Purchase order number
 - b. Ship-to address; and
 - c. Item(s) and quantities ordered, delivered and back-ordered.
3. All subsequent invoices, provided, in one (1) original and one (1) copy, to the bill-to address detailed on the purchase order, must reference the following correct information:
 - a. Purchase order number;
 - b. Invoice number and date;
 - c. Bill-to and Ship-to addresses;
 - d. Payment and freight terms;
 - e. Item(s) and quantities ordered, delivered and back-ordered;
 - f. AIA Form G702, Application & Certificate for Payment (only when applicable)

INVOICES SUBMITTED WITHOUT THE CORRECT INFORMATION WILL BE RETURNED, WITHOUT PAYMENT, UNTIL ALL CORRECT INFORMATION IS PROVIDED.

Please contact Gretchen Wood, Fiscal Technician III at (603) 230-3652 with any invoice payment questions you may have.

Very truly yours,

Tina M. Waterman

Tina M. Waterman
Purchasing Manager
(603) 230-3664
twaterman@concordnh.gov

Katie Graff

Katie Graff
Assistant Finance Director
(603) 225-8581
kgraff@concordnh.gov

cc:

Thomas J. Aspell, Jr, Administration, City Manager
Brian G. LeBrun, Finance Department, Deputy City Manager-Finance