

**FAP 120-08-07**  
**ASSIGNMENT OF BENEFITS**

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1. A vendor wishing to assign part, or all, of the proceeds of a contract entered into with a state agency shall submit to SAS either an Assignment of Benefits form or a notarized statement with the following information:
  - a. The name, address and tax identification number (TIN) of the assignor and assignee;
  - b. The amount to be assigned; and
  - c. The Contract number.
2. If approved by the State Controller or designee, SAS shall establish an alternate vendor number for the assignee and record the vendor number in the upper right corner of the Assignment of Benefits form or notarized statement.
3. The original copy of the approved Assignment of Benefits form or notarized statement shall be retained by SAS. Copies shall be sent to the assignor, the assignee, OPS and the affected agency.
4. An approved Assignment of Benefits form or notarized statement shall apply to all future contracts that are renewals of the original contract assigned and shall be effective until the original contract and any renewals expire or are terminated or until a subsequent assignment of the contract proceeds is approved.

Relates to: KRS 45.237; KRS 45.251; KRS 45.301;  
KRS 45.306 and 200 KAR 38.070