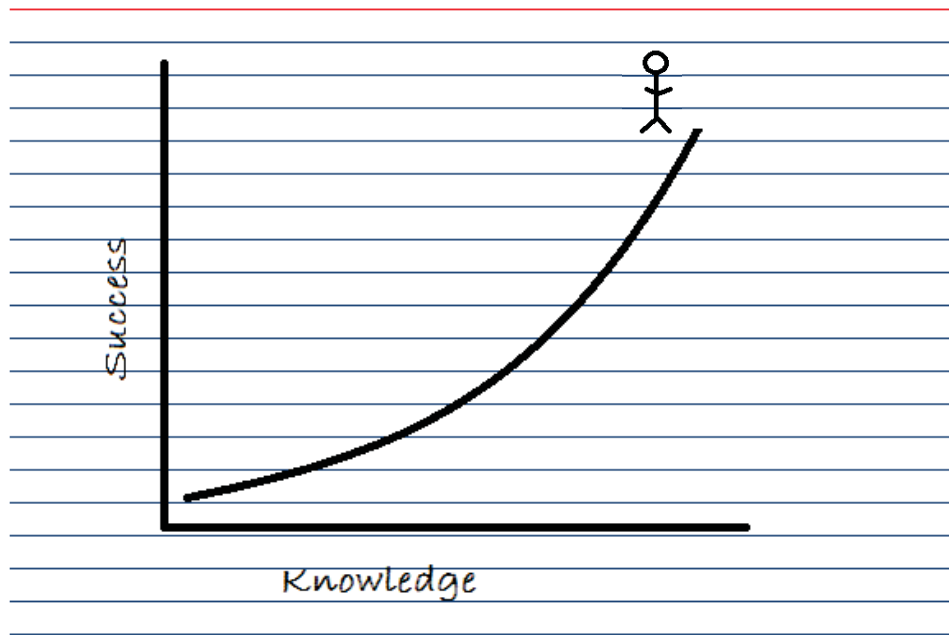


Vendor Creation Process



Please email specific questions to AP_Vendor@tennessee.edu

Step 1 Search for vendor

Search for the vendor by using transaction XK03 in IRIS

Vendor Account Number (3)

Vendors (General) Vendors by Country/Company Code Vendors by C...

Search term

Postal Code

City

Name

Vendor

Maximum No. of Hits

- Vendors (General)
- Vendors by Country/Company Code
- Vendors by Company Code
- Vendors by Country
- Vendors by Personnel Number
- Vendors by Tax Information
- Vendors by Address Attributes (Fuzzy Search)
- Vendors by Address Attributes
- Proceed Initially According to Creditor Sub-Ledger Account
- Vendors by SSN or TIN
- Vendors by Minority Indicator
- Vendors by Name
- Vendors by P.O. Box
- Vendors by Tax Information with Address Information**
- Contract Vendors
- UT Vendor Name Search
- Vendors by Class
- Vendors: Purchasing
- Vendors by Material
- Vendors with Plant Reference
- Vendor by Real Estate Contract

Step 1

Search for vendor

Search for the vendor by using transaction XK03 in IRIS

- EIN or SSN (Using appropriate dashes) OR
- Address (ex. 2456 *) OR
- Name (*Moore*)

Vendor Account Number (2)

Vendors by Tax Information with Address Information Contract Vendors

Tax Number 1 999-99-9999 or 99-9999999

Country SSN FEIN

Name

PO Box

Street

City

Region

Postal Code

Vendor

Maximum No. of Hits 500

Do you need a new vendor number or an address change?

The vendor number was located in IRIS by one of the 3 searches on the previous slide, but the address is incorrect

- Obtain a W-9 form from the vendor and email it to AP_Vendor@tennessee.edu with the address information.
- The W-9 must show the vendor's IRS registered information, not an additional remit/payment address.
- The Worker Classification Questionnaire should also be attached to the email, if individual. (Scanned as a separate document)
- The Vendor Payment Selection form should be offered to the vendor and attached if accepted.
(Scanned as a separate document)

Do you need a new vendor number or an address change?

How to determine if the existing vendor has documents on file
ZAP_VENDOR_ATTACHMTS

Vendor/Vendor Request Attachment List

Report-specific selections

Vendor or Vend. Req. number	1127373	to	
Vendor account group		to	
Object type	LFA1	to	

This vendor has the Vendor Payment Selection form, W-9 form (and Minority), and Worker Classification Questionnaire

Vendor/Vendor Request Attachment List

Vendor/Ven Req #	Vendor Name or Request search	Doc. type text	Attach. title
0001127373	HAT TRICK	Vendor Payment (PDF)	
		W-9 Form (PDF)	
		Worker Classification Form (PDF)	WORKER CLASSIFICATION

Do you need a new vendor number or an address change?

If the vendor cannot be located by the previous 3 searches

- A vendor number will need to be requested in IRIS.
 - The appropriate forms should be attached to the request.
- The W-9 must show the vendor's IRS registered information, not an additional remit/payment address.

Why do we need the IRS registered address on the W-9 -if- the vendor wants the payments to go to a remit address? ?

- The IRS sends a report to UT with mismatching information
 - This references the “1” vendor numbers in IRIS
- We send a letter to the “1” vendor to confirm the reported information
 - If it goes to a remit address, the vendor may not receive this letter
- Failure to have the correct address on file can lead to fines. Big fines
- If we’re adding a new remit vendor, we still need the IRS registered W-9 to confirm all information for the “1” number is still correct

Step 2

Obtain required forms

- All U.S. vendors must have a completed W-9 to receive a vendor number
- All information on the W-9 must be the vendor’s IRS registered information
 - Name
 - Federal Tax Classification
 - Address
 - EIN/SSN
- All W-9 forms must be signed and dated by IRS standards

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

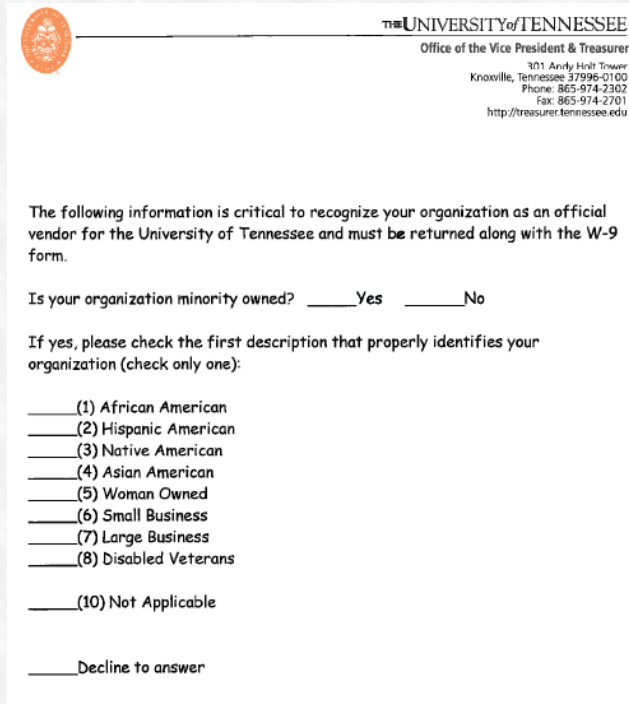
W-9 Form (Rev. August 2013) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
Name (as shown on your income tax return)			
Business name/disregarded entity name, if different from above			
Print or type See 5 specific instructions on page 2.	Check appropriate box for federal tax classification:		Exemptions (see instructions):
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/settla		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ▶ _____		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		
Address (number, street, and apt. or suite no.)		Requestor's name and address (optional)	
City, state, and ZIP code			
List account number(s) here (optional)			
Part I Taxpayer Identification Number (TIN)			
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.			
		Social security number	
		Employer identification number	
Part II Certification			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and			
3. I am a U.S. citizen or other U.S. person (defined below), and			
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.			
Sign Here	Signature of U.S. person ▶	Date ▶	

Step 2


Obtain required forms

http://treasurer.tennessee.edu/forms/W9_Minority_Status.pdf

- The Minority Form can be found on the Treasurer's Office website
- One of the fields must be checked
- This form gives info for reports required by the State of Tennessee



The screenshot shows a form from the University of Tennessee, Office of the Vice President & Treasurer. The form includes the university's logo and contact information. The main text of the form reads: "The following information is critical to recognize your organization as an official vendor for the University of Tennessee and must be returned along with the W-9 form." Below this, there is a question: "Is your organization minority owned?" with "Yes" and "No" options. If "Yes" is selected, the user is instructed to check one of ten categories: (1) African American, (2) Hispanic American, (3) Native American, (4) Asian American, (5) Woman Owned, (6) Small Business, (7) Large Business, (8) Disabled Veterans, (9) Not Applicable, and (10) Decline to answer.

 **UNIVERSITY of TENNESSEE**
Office of the Vice President & Treasurer
301 Andy Holt Tower
Knoxville, Tennessee 37996-0100
Phone: 865-974-2302
Fax: 865-974-2701
<http://treasurer.tennessee.edu>

The following information is critical to recognize your organization as an official vendor for the University of Tennessee and must be returned along with the W-9 form.

Is your organization minority owned? Yes No

If yes, please check the first description that properly identifies your organization (check only one):

(1) African American
 (2) Hispanic American
 (3) Native American
 (4) Asian American
 (5) Woman Owned
 (6) Small Business
 (7) Large Business
 (8) Disabled Veterans
 (9) Not Applicable
 Decline to answer

New Items

- Fiscal Policy FI0540
Independent Contractors
- Fiscal Policy FI0500 4 B
Vendor Payment Selection Form
- Fiscal Policy FI0500 4 C
Student Payments

Fiscal Policy FI0540

Independent Contractors

Worker Classification Questionnaire-

<https://tiny.utk.edu/fi0540>

All new vendor requests for Individual/Sole Proprietors

Department completes questionnaire

This includes Individual DBA listed on the W-9

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
Print or type c Instructions on page 2.	Name (as shown on your income tax return)	
	Individual's Name	
	Business name/disregarded entity name, if different from above	
	DBA Business Name	
Check appropriate box for federal tax classification:		Exemptions (see instructions):
<input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____		Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶		



Worker Classification Questionnaire

Individuals who provide a service to the University must be classified as either an **Independent Contractor (IC)** or an **Employee**.

Completing the questions below will help the University to determine the worker's classification status.

NOTE: It is extremely important that the determination is made prior to the commencement of services.


Section I. Relationship with the University

A. Is this individual a University employee? University employees can only receive royalty payments or payments for clinical trial participation. All other payments should be processed through payroll or an exception obtained from the Treasurer's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is it currently expected that the University would hire this individual as an employee immediately following the termination of his or her independent contractor services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Treat as an Employee</small>
C. During the 6 months prior to the date on which the independent contractor services commenced did the individual have an official University appointment (including temporary)? State statute prohibits payments to ex-employees for services for up to 6 months after being employed by the University.	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Treat as an Employee</small>
D. Will the individual be teaching a course that is a degree prerequisite for students or provide credit for a University degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Treat as an Employee</small>
E. Will they perform research under the direct supervision of a university professor or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Treat as an Employee</small>

If the answer was "Yes" to questions B, C, D, or E - STOP! The person must be compensated through payroll and you do not need to complete this form.

For all other answers, proceed to Section II.

Section II. Personal/Background Data

Department Name: _____
 Prepared by Name: _____ Preparer's Email: _____
 Service Provider's Name: _____ Service Provider's Phone: _____
 Description of services to be performed:
 Be as specific as possible to allow prompt **BE SPECIFIC** 
 processing. _____
 Existing IRIS Vendor Number _____ Last 4 Digits of SSN _____

Section III. Department Certification

I certify that I have firsthand knowledge of the relationship in order to prepare this questionnaire, and I understand that should the Internal Revenue Service ("IRS") disagree with the classification, the University may hold my department financially responsible for any additional compensation (due to gross up, including fringe rate), taxes, interest, or penalties that the IRS or other regulatory bodies might assess.

Department Preparer's Name:	Department Preparer's Signature:
Date:	

This page must be 100% complete

Section IV. Check all that apply.

- Guest speakers; guest artists and performers; professional models
- Athletic game officials; University Interscholastic League judges and assistants
- Rental services - facilities or equipment
- Financial and legal services provided by individuals who perform these services for the general public
- Medical services provided by individuals who perform these services for the general public
- Accreditation evaluation services
- Photography or graphic services
- Provision of goods/products only
- Royalties (Can be paid to University employees)
- Research Participants (Can be paid to University employees)
- Tuning/adjustment of university musical instruments

If any services are checked - STOP!! YOU ARE DONE!!

For new vendors, the completed form should be attached to the - create a vendor request transaction in IRIS (ZXX1). For existing vendors, the form should be scanned and sent to the Systems Accounts Payable Office via email at AP_Vendor@tennessee.edu.

Call 865-974-3086 if you have any questions or need assistance.

If nothing was checked, proceed to Section V below.

Section V. Complete **A. OR B. OR C.** depending on the type of services to be performed and then proceed to Section VI.

If you are instructed to "Treat as an Employee," **STOP!** These payments must be processed through payroll, and you do not need to complete this form.

A. Teacher/Lecturer/Instructor

1. Has or will the individual be engaged in this capacity fewer than 5 days in a 12 month period?	<input type="checkbox"/> Yes Treat as IC <input type="checkbox"/> No Go to 2
2. Will they provide the same or similar services to other entities or to the general public as part of a trade or business?	<input type="checkbox"/> Yes May be an IC <input type="checkbox"/> No Go to 3
3. In performing instructional duties, will the University have any control over the course materials that are used?	<input type="checkbox"/> Yes Treat as an Employee <input type="checkbox"/> No Treat as IC

B. Researcher

Researchers hired to perform services for a University department are presumed to be employees of the University unless they are serving in an advisory capacity.

Will they serve in an advisory or consulting capacity with a university professor or employee?	<input type="checkbox"/> Yes Treat as an IC <input type="checkbox"/> No Treat as an Employee
--	--

C. Individuals Not Covered Under Sections A. or B.

1. Do they provide the same or similar services to other entities or to the general public as part of a trade or business?	<input type="checkbox"/> Yes May be an IC <input type="checkbox"/> No
2. Will they provide their own tools/supplies/materials to perform the required work?	<input type="checkbox"/> Yes May be an IC <input type="checkbox"/> No
3. Will they rely on their expertise rather than receive specific instructions from the department regarding performance of the required work?	<input type="checkbox"/> Yes May be an IC <input type="checkbox"/> No
4. Can they set the number of hours and/or days of the week that they work as opposed to the University setting their work schedule?	<input type="checkbox"/> Yes May be an IC <input type="checkbox"/> No Treat as an Employee

Proceed to Section VI if not instructed to treat as an employee.

Section VI. Independent Contractor Certification (To be completed by person performing service)

I acknowledge that the information on this questionnaire is accurate and that I will be performing any service as an independent contractor and that nothing shall be construed to create an employer/employee relationship. Being an independent contractor, I acknowledge that I would not be eligible for University benefits, and I am responsible for all applicable taxes, and insurance associated with any payments received from the University.

Independent Contractor's Name:	Independent Contractor's Signature:
Date:	

For new vendors, the completed form should be attached to the - create a vendor request transaction in IRIS (Z XK1). For existing vendors, the form should be scanned and sent to the Systems Accounts Payable Office via email at AP_Vendor@tennessee.edu. Call 865-974-3086 if you have any questions or need assistance.

Fiscal Policy FI0500 4 B Vendor Payment Selection Form

A Vendor Payment Selection Form must be attached to all vendor requests (including Remit vendor requests)

All data must be completed on the form

Payment Terms

- Foreign Vendor terms ----- N40 (Unless ACH with US bank)
- E-Payable ----- NET
- Direct Deposit, ACH ----- N30

Checks only sent out on Monday and Thursday weekly

Paid daily

If the vendor refuses to comply with this form, special approval is required from the Treasurer's Office before the vendor can be created and they will be N40


THE UNIVERSITY of TENNESSEE
 KNOXVILLE, CHATTANOOGA, MARTIN, TULLAHOMA, MEMPHIS
VENDOR PAYMENT SELECTION FORM

Please select one of the payment options listed below and provide the necessary information. Both pages of this form must be returned. Please call 865-974-3086, if you need assistance.

Vendor Name: _____ SSN/FEIN # _____

Vendor Contact: _____ E-Mail: _____
 Phone: _____
 (Employee from Vendor who will be posting payments received from the University)

Vendor's contact information. Not the department's contact information

UT Vendor #: _____ ACH Notification Email: _____
 (For UT use only) (If different from Vendor Contact Email)

Payment Option - Must Select One.

- E-Payables** – This is the fastest method and the University will process the payment as soon as the invoice is approved regardless of the terms in any other agreement. For E-payables the Vendor must be equipped to process credit card payments. The Vendor will be supplied a University credit card with a zero balance on it and once an invoice(s) is approved for payment, a secure electronic remittance advice will be sent to the contact listed above along with approval to charge the card, which will then be loaded with the amount of the invoice(s).
- Direct Deposit, ACH** – This payment method requires the vendor have a US bank account. The payment will be direct deposited into your bank account 30 days after the invoice date or the date the goods or services were provided, whichever is later. To process this information the University needs your bank routing number and bank account number, which can be located on your checks. See illustration below.

Bank Name _____ Account Type: Checking Savings
 Routing # (9 digits) _____ Bank Account # _____

This must be clearly written



Checks are the most expensive method of paying vendors. Payment by checks for domestic vendors will only be permitted in special circumstances and requires approval from the Treasurers Office. The payment terms for this method are net 40.

Check (for Foreign vendors only)

Certification

Under penalties of perjury, I certify that the above information is complete and accurate. If direct deposit was the method selected, I hereby authorize The University of Tennessee to automatically deposit payment for invoices into our account at the financial institution listed. I also authorize withdrawal transaction from the account, limited to the amount of the original deposit, in the event of an overpayment or erroneous deposit. This authorization will remain in effect until The University of Tennessee has received, in writing, our cancellation notification.

Signature of Authorized Individual _____ Date _____

Printed Name and Title _____

Please return form via one of the following:

1. **New Vendors** - Return to University of Tennessee Department requesting information
2. **Existing Vendors** - Fax to 865-974-2701 or
3. **Mail to:**

The University of Tennessee
Treasurer's Office
301 Andy Holt Tower
Knoxville, TN 37996-0100

Locate current payment terms/method on an existing vendor

Display Vendor: Initial Screen

Vendor: 1127373
 Company Code: UT University of Tennessee
 Purch. Organization: UT UT PURCH ORG

General data

Address
 Control
 Payment transactions
 Contact Persons

Company code data

Accounting info
 Payment transactions
 Correspondence
 Withholding tax

- Open XK03 – Display Vendor
- Enter the vendor number
- Click on the Payment Transactions box
- Press Enter

Locate current payment terms/method on an existing vendor

This vendor has payment terms of N30 and a payment method of ACH

Display Vendor: Payment transactions Accounting

Vendor: 1127373 HAT TRICK
 Company Code: UT University of Tennessee

Payment data

Payt Terms: N30
 Cr memo terms: NET
 Chk cashing time: 0
 Tolerance group:
 Chk double inv.:

Automatic payment transactions

Payment methods: A
 Alternat.payee:
 Individual pmnt:
 Payment block: Free for payment
 Grouping key:
 Alt.payee(doc.): Permitted Payee

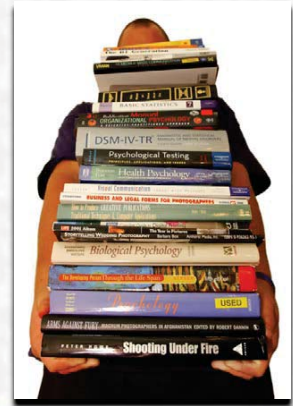
If it were a check, C would be listed
 If it were EPay, E would be listed

Fiscal Policy FI0500 4 C Student Payments

Soon I will have my very own policy number!

Students (current or future term)

- Most payments are now required to be paid via the Financial Aid office
- On the rare occasion that payments have to be paid via Accounts Payable, written permission from the Financial Aid office must be obtained and sent to AP_Vendor@tennessee.edu for existing vendors or attached to the new vendor request



Step 3 Submit a vendor

Use transaction ZXK1 – Vendor Request

Vendor Request

Display Vendor Main Address Display Remit Address Display

Ref. Mark	Vendor ID	Vendor Name	Tax/SSN Code	State	Country

Vendor Info Remit to Address Purchasing AP Info Book Store

Only vendor Info tab

Entirely new vendor where the remit address is the same as the W-9 address

Vendor Info tab AND Remit to Address tab

Entirely new vendor where the remit address is different from the W-9 address

Only the Remit to Address tab

A 1 vendor number already exists, but an additional remit address is needed

Step 3

Submit a vendor

Vendor info tab for new vendor

Same information as W-9

If vendor uses FEIN

If vendor uses SSN

W-9 address

Vendor Request

Display Vendor Main Address Display Remit Address Display

Existing Vendors

Ref. Mark	Vendor ID	Vendor Name	Tax/SSN Code	State	Country

Vendor Info Remit to Address Purchasing AP Info Book Store

Bidder Only (Check box if this vendor is to be created for a bid list)

Vendor (Company)

Name1 TEST NAME Search Term 1
Name2 Search Term 2
Tax Code 99-999999

Vendor (Person) (*Note - When company data is entered, person data is ignored)

First Name SSN Number
Middle Search Term 1
Last Name Search Term 2
Person Nm2

Vendor Address

Street 1 TEST ADDRESS PO Box/PostCode /
Street 4
County 096
City AWESOME SAUCE Region AK Country US Postal Code 00000

Step 3

Submit a vendor

Remit vendor request

Same information as invoice or specified payment address different from W-9

If vendor uses FEIN

If vendor uses SSN

Remit/Payment address

Vendor Request

Display Vendor Main Address Display Remit Address Display

Existing Vendors

Ref. Mark	Vendor ID	Vendor Name	Tax/SSN Code	State	Country

Vendor Info Remit to Address Purchasing AP Info Book Store

Remit Vendor (Company)

Remit Name1 Remit Search1
Remit Name2 Remit Search2
Remit Tax code

Remit Vendor Person (*Note When company data is entered, person data ignored)

Remit First Name Remit SSN
Remit Middle Name Remit Search1
Remit Last Name Remit Search2

Remit Vendor Address Information

Remit Street Remit PO Box/PostCode /
Remit Street4
Remit County
Remit City Remit Region Remit Cty US Remit Postal Code
Reference Vendor

Remit Vendor Contact Information

Remit Care Of
Remit Phone Remit E-Mail

Step 3

Submit a vendor

Vendor Request

Display Vendor Main Address Display Remit Address Display

Existing Vendors

Ref. Mark	Vendor ID	Vendor Name	Tax/SSN Code	State	Country

Vendor Info Remit to Address Purchasing AP Info Book Store

Bidder Only (Check box if this vendor is to be created for a bid list)

Vendor (Company)

Name1 TEST NAME Search Term 1
Name2 Search Term 2
Tax Code 99-9999999

Vendor (Person) (*Note - When company data is entered, person data is ignored)

First Name SSN Number
Middle Search Term 1
Last Name Search Term 2
Person Nm2

Vendor Address

Street 1 TEST ADDRESS PO Box/PostCode
Street 4
County 096
City AWESOME SAUCE Region AK Country

After completing the vendor's information in IRIS, hit save.

This is the screen advising to attach appropriate documents

Request 000053672 has been saved, but NOT sent to the administrator. Use the following screen to:

- 1.) Attach the "W-9/Minority Status" forms (using W-9 Form PDF attachment).
- 2.) Attach the "Vendor Payment" form (using Vendor Payment PDF attachment).
- 3.) If vendor is an individual, attach the "Worker Classification Questionnaire" (using worker Classification Form PDF attachment).
- 4.) If vendor is a current UT student (or will be enrolled in the upcoming semester), attach documentation from Financial Aid authorizing payment through Accounts Payable (using Vendor Request Document PDF attachment).
- 5.) Send the request to the administrator.

Step 3

Submit a vendor

Resubmission of Vendor Request

Create... Store business document
Attachment list Create note
Private note Create external document (URL)
Send Enter Bar Code
Relationships
Workflow
My Objects
Help for object services

Vendor (Company)

Name1 TEST NAME Search Term 1 TEST NAME
Name2 Search Term 2
Tax Code 99-9999999

Vendor (Person) (*Note - When company data is entered, person data is ignored)

First Name SSN Number
Middle Search Term 1
Last Name Search Term 2
Person Nm2

Vendor Address

Street 1 TEST ADDRESS PO Box/PostCode
Street 4
County 096 Not in Tennessee
City AWESOME SAUCE Region AK Country US Postal Code 00000

Vendor Contact Information

Press to attach documents

Attaching the forms

- The W-9 and Minority forms should be attached together using **W-9 Form (PDF)**

Document Type

- Vendor Request
 - W-9 Form (PDF)
 - Vendor Payment (PDF)
 - Vendor Request Document (PDF)
 - Worker Classification Form (PDF)

- The Worker Classification Questionnaire form should be attached using **Worker Classification Form (PDF)**

Document Type

- Vendor Request
 - W-9 Form (PDF)
 - Vendor Payment (PDF)
 - Vendor Request Document (PDF)
 - Worker Classification Form (PDF)

- The Vendor Payment Selection form should be attached using **Vendor Payment (PDF)**

Document Type

- Vendor Request
 - W-9 Form (PDF)
 - Vendor Payment (PDF)
 - Vendor Request Document (PDF)
 - Worker Classification Form (PDF)

Step 3

Submit a vendor

Request to Admin

Submission of Vendor Request

Request to Admin | Display Vendor | Main Address Display | Remit Address Display

Vendor Info | Billing Address | Purchasing | AP Info | Book Store | Admin Text

Bidder Only

Bidder Only (Check box if this vendor is to be created for a bid list)

Vendor (Company)

Name1 Search Term 1

Name2 Search Term 2

Tax Code

Vendor (Person) (*Note - When company data is entered, person data is ignored)

First Name SSN Number

Middle Search Term 1

Last Name Search Term 2

Person Nm2

Enter the appropriate information in the Text to Admin box

submission of Vendor Request

Creation Text

Text to Admin

Accept Exit

Step 3

Submit a vendor



Write this
number down
and keep it

Congratulations!

Summary

- Always search for a vendor before submitting a vendor request
- Email AP_Vendor@tennessee.edu for address changes
- All W-9 information must include the vendor's IRS registered information
- Always include all appropriate forms on the vendor requests
 - W-9 and Minority form (All vendor requests)
 - Worker Classification Questionnaire (Attached as a separate document) (All individual vendor requests)
 - Vendor Payment Selection form (Attached as a separate document) (All vendor requests)

Notes

Please email specific questions to AP_Vendor@tennessee.edu

Form Requirements for Vendors

New Vendors (Domestic) – Requested via ZXX1

1. W-9/Minority Status form
2. Vendor Payment Selection
3. Worker Classification (if individual or sole proprietor)

New Vendors (Foreign)-Requested via email to AP_Vendor@tennessee.edu

1. Individuals (reference <http://payroll.tennessee.edu/nra.htm>) :
 - a. (Services performed in the US) – Non-Citizen Independent Contractor Form (and all other documents that this form references); Worker Classification Form
 - b. (Services performed outside the US) – Statement for Services Performed Outside of the USA (no W-8 needed)
 - c. Vendor Payment Selection (optional)
2. Companies:
 - a. W-8 form
 - b. Vendor Payment Selection (optional)

Existing Vendors-Requested via email to AP_Vendor@tennessee.edu

1. W-9/Minority Status form
2. Vendor Payment Selection (optional)
3. Worker Classification (if individual or sole proprietor)

Exceptions

1. Student awards – Worker Classification form must state that it is an award; doesn't need to be signed by student; must have approval from Financial Aid
2. If an individual refuses to complete the payment form and wants a check, an exception must be granted by emailing cstockda@tennessee.edu and give a reason for not accepting epay or ACH payments. They will have payment terms of N40.