# Supplier Onboarding Registration

Quick Reference Guide

Please follow the directions, step by step. If you receive an error message, please read the message closely and go back through the steps to make sure you are not missing something.

It is recommended that you use Microsoft Edge or Google Chrome. If you are having an issue with logging in, please try a different type of browser, you may need to clear your cache.

#### 1. NOTIFICATION

- You will receive an email from <a href="mailto:acctspay@louisville.edu">acctspay@louisville.edu</a> with a guest login, a link to the Supplier Onboarding Portal and instructions.
- Sign into portal with User ID and Password provided from email.

User ID User ID Password Select a Language English		
Password Select a Language	<b>ORACLE</b> <sup>®</sup> PeopleSoft	
Select a Language	User ID	
Select a Language		
	Password	
English ~	Select a Language	
	English	~
	Sign In	
Sign In	Enable Screen Reader Mode	



# STEP 1 - WELCOME

- 1. Make sure you have all the documentation required for onboarding.
  - > Completed an electronic W-9 form, a blank copy can be found <u>here</u>.
  - > Banking information for direct deposit/electronic payments.

Welcome	Identifying Information	Addresses	Contacts	Payment Information	Submit
				Exit 🛛 🗸 P	revious Next 🕨
Welcome - Step 1	of 6				
Please Read the Foll	owing Instructions Carefully.				
	I will need two pieces of informatic Number to sign up for Electronic F		form with Tax Identification	Number to attach to the registrati	ion (required) and 2) a Bank
If you are a foreign st using this process.	atus vendor please contact the Ac	counts Payable departm	ient at <u>acctspay@louisville.(</u>	edu to be added to our vendor da	atabase. You will not be
To complete your reg steps.	istration, please fill in the informati	on for each step of the r	egistration process. Use the	e navigation buttons "Next" and "	Previous" to move between
Once you have provio confirmation shortly a	ded all of the required information, fter submission.	proceed to the "Submit"	step where you may submi	t your registration for consideration	on. You will receive an email
If you have any quest	ions or feedback on the registration	n process, please email	the University of Louisville	s Accounts Payable office at acct	spay@louisville.edu
To obtain a W-9 form	copy into your browser https://ww	w.irs.gov/pub/irs-pdf/fw9	<u>9.pdf</u> .		
This application proce	ess will take approximately 10-15 r	ninutes to complete.			
Select an activity b	elow: 🕐				
Start a new regis What type of entities	tration form ty do you represent?				
Business					
O Individual					
○ Continue from w	here you left				
				Exit 📢 P	revious Next
* Required field					

#### 2. SELECT AN ACTIVITY:

- Start a new registration form and select what entity you are representing:
  - ➢ Business
  - Individual
- Continue from where you left
  - Enter Registration ID
- All fields that have asterisks (\*) are required fields or will be noted on this guide.
- 3. Click on Next.



# **STEP 2 – IDENTIFYING INFORMATION**

### 1. UNIQUE ID & COMPANY PROFILE

- **Tax Identification Number:** Enter your Federal Tax Identification Number or Social Security Number (No spaces or dashes.)
- Entity Name: Business Name or Name of Individual (Name should be same as W-9 and should match the name on file with the IRS.)
- **W-9 Form:** A W-9 form is the IRS's Request for Taxpayer Identification Number and Certification. This document provides us with your formal, legal name, your taxpayer number and your classification. This information is used to determine taxability and reportability of payments per the IRS's 1099-Misc. guidelines. You can find a fillable W-9 on the <u>IRS website</u>.

Welcome	Identifying Informatio	n Addresses	Contacts	Payment Information	Submit
	mation - Step 2 of 6	r the Unique ID & Company Profile	information section.	Exit   📢 Pre	wious Next 🕨
Unique ID & Comp	any Profile 👔				
	* Tax Identification Number				
	* Entity Name			Add V	V-9 Attachment

- 2. Fill out *Tax Identification Number* and *Entity Name*, then attach and upload W-9 by clicking on *Add W-9 Attachment*.
- 3. Select Upload.

Attachments Personalize   Find   View All   🔃   📑 First 🕢 1 o	f 1 🕟 Last
Attached File Attachment Description Upload View	
1 Upload View	+ -

4. Click Choose File and locate where you have your document saved on computer.

File Attachment	×
Choose File No file chosen	e
Upload Cancel	



5. Click Upload – you should see your file selected (example: W-9\_Company XYZ.pdf).

File Attachment	×
Choose File W-9_Company XYZ.pdf	
Upload	

- 6. Click *View* to verify you have uploaded the proper document and then *Return* after verifying.
  - If the View button is grayed out, then your W-9 did not upload. Please view Common Issues below.

				He
Attachments	Personalize   Find	View All 🛛 🗐 🔜	First 🚯 1 of 1 🛞	Last
Attached File	Attachment Description	Upload	View	
1 W-9 Company XYZ.pdf		Upload	View	+ -

#### <u>Common issues with W-9 Forms</u>

- > File size is too big. Try reducing the size (should be 2MB or less.)
  - Reducing Adobe files: Document > Reduce File Size.
  - Reducing picture: Make sure your resolution is 150 dpi or smaller.
- ➢ W-9 not completely filled out:
  - Entity Name not provided or incorrect.
  - Tax Identification Number not provided.
  - Section 3 is not complete
- 7. After clicking *Return*, it will bring you back to STEP 2.

Unique ID & Company Profile 👔				
* Tax Identification Number				
* Entity Name	View/Modify W-9 Attachment (1)			

### 8. PROFILE QUESTIONS

- Providing this information will help determine eligibility for approval of your registration. All questions must be answered to proceed to next step. To expand the question window, select the small arrow in the upper right corner. Again, any question with an asterisk (\*) is required.
  - Please note, the questions may vary depending on Entity selected (Business vs. Individual) in Step 1 - Welcome.

Profile Questions 👔
Please provide the name and contact information (email or phone number) of the person who referred you to the Supplier Registration site.
* How do you prefer to receive purchase orders from the University of Louisville? Please provide email or physical mailing address.
* Do you accept credit card payments?
* What type of product or service are you providing to the University of Louisville?
* Is your organization required by law, in the state of Kentucky, to hold specific licenses and/or qualifications?
If yes have these requirements been met and are they up-to-date?
* Have you ever been or are you currently excluded, suspended, debarred or otherwise deemed ineligible to participate in government healthcare, procurement, or other programs?
If yes to the above question, list all such exclusions, suspensions, or debarments, including applicable governmental agency, action date, and your address at the time of the action.
* Have you ever been charged with or been convicted of a criminal offense related to the provision of government healthcare, procurement, or other programs and have not been reinstated in such programs after a period of exclusion, suspension, debarment, or ineligibility?
If yes to the above question, please explain.
* Are you, your spouse or dependent children employed by the University of Louisville or any of its affiliates?
If yes, please give the name of the individual, their area of employment and your relationship/connection to this person.
ATTACH CERTIFICATES HERE: If choosing Small Disadvantaged Business or Other Preference Programs (see Additional Reporting Elements section), you must attach certificate validating your status. If choosing Minority, Women-Owned, Veteran Or Disabled, please attach any certificates that you have.



### 9. ADDITIONAL REPORTING ELEMENTS

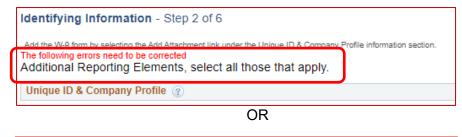
- Please review fields below and enter where applicable.
- If <u>NONE</u> apply below, you must select <u>None of the Above</u> or you will receive an error message.

Additional Reporting Elements 👔				
Common Parent's TIN		Common Parent's Name		
Type of Contractor	~	HUBZone Program	Not Applicable	~
SDB Program	: If applicable, select one	Size of Small Business	: If applicable, select one	~
Other Preference Programs	: If applicable, select one	Veteran-Owned Small Business	: If applicable, select one	~
Ethnicity	~			
(	Please check all that apply:			
	Minority			
	□ Women-Owned Business			
	Uteran Veteran			
	<ul> <li>Disabled</li> <li>None of the Above</li> </ul>			
Comments 👔				
Required field			Exit	Next 👂

• Pop-up error message if at least **ONE** item is not checked (*Minority, Women-Owned Business, Veteran, Disabled, None of the Above*).

Message
Please correct the error to proceed to the next step.
ОК

• Error message will appear at top with issue in red verbiage.



Identifying Information - Step 2 of 6	
Add the W.9 form by selecting the Add Attachment link under the Unique ID 8 The following errors need to be corrected One or multiple required profile questions are not answered. Errors for Standard ID Qualifier TIN number must be 9 characters in length.	& Company Profile information section.
Unique ID & Company Profile 👔	



- **10.** Another error could be **duplicate TIN**. This happens when a supplier has previously registered with the University but needs to re-register as they have become inactive after 12-18 months of no payments through AP system.
  - Click on the blue *Return* arrow, which will take you back to where you entered your TIN.
  - A pop-up message will appear: *Please enter a valid Standard ID Number or choose Next to proceed further with duplicate ID number*. Click **OK**.
  - This will take you back to main screen and you would click on *Next*, which allows you to proceed with registration.

		_
Duplicate Inf	rormation	×
The Tax I	dentification Number dentification Number you have entered already exists. and you like to do? Return Go to the previous page to either change my TIN, or continue with the duplicate ID number. Exit Leave this page and cancel my registration request.	Help
<b>P</b>	User Open a request for new user account for me,with the same ID (Hint: You may need a different access code)	.:

11. Correct any issues you might have from above and click *Next*.



# STEP 3 – ADDRESSES

#### 1. PRIMARY ADDRESS

- If you or the business you represent has only one address from which it conducts all procurement functions (ordering, invoicing, remitting, and returning), enter that address here.
- To enter different addresses for different procurement functions, add the information in the next section for Other Addresses.

#### 2. OTHER ADDRESSES:

• Select all applicable address check boxes to add addresses that are different from your *Primary Address*.

Welcome	Identifying Information	Addresses	Contacts	Payment Information	Submit
				Exit   < Prev	vious Next 🕨
Addresses - Step 3	of 6				
Primary Address 👔					
* Country	JSA 🔍 United States				
Address 1					
Address 2					
Address 3					
City					
		Postal			
State	Q				
Email ID					
Other Addresses ②					
Check boxes below to	indicate addresses that are diffe	erent from your Primary A	Address above:		
Remit To Address (if	f different from your Primary	Address)			
Address for remitting	payment				
Address from which ye	different from your Primary Ad ou send invoice	idress)			
				Exit   🗸 F	Previous Next 🕨



# STEP 4 – CONTACTS

### 1. COMPANY CONTACTS

- Use the Contacts page to add your contact information during new supplier registration. You can also delete or update your contact information on this page later.
- Click the Add Contact button to create a new user for this account, including all required contact information. You can edit contact information by clicking the appropriate Name link.

Welcome	Identifying Information	Addresses	Contacts	Payment Information	Submit
Contacts - Step 4	of 6			Exit   4 Pr	evious Next 🕨
Company Contacts	s ?				
You have not added a	any contact information to your app	lication. Choose "Add Co	ntact" to add new contac	t information.	
Add Contact					
* Required field				Exit 🛛 🖌 F	Previous Next >

### 2. CONTACT INFORMATION

- Enter contact information, such as your name, telephone, and email address.
- Fields with an asterisk (\*) are required.
- You can enter multiple email addresses, but they must be separated by a semicolon (;).

Company Contacts 👔			
You have not added any contac	t information to your application. Choose "Add Contact" to add new contact information.		
Add Contact	Add Contacts	×	]
		Help	
	Contact Information @		s Next 🕨
* Required field	Description		
	* First Name	ntact	
	* Last Name		
	Title		
	* Email ID	]	
	* Telephone Ext		
	Fax Number		
	Contact Type		
	User Profile Information ②		
	Create User ID		
	Description		
	*Currency Code US Dollar		
	*Rate Type Current Rate 🗸		
	OK Cancel		



#### 3. USER PROFILE INFORMATION

- Enter your preferred user ID or username. If the user ID you have requested already exists, you may receive a modified user ID by email when your registration is confirmed.
  - Please do <u>NOT</u> use the @ symbol in the creation of your UserID.
- You will use your user ID and password to log into the supplier portal, <u>VIEW ONLY</u> access. Please include your business/company or name if individual in the Description field.
  - Please note, to make changes to your profile after you have received <u>Supplier</u>.
    <u>ID</u>, please email <u>acctspay@louisville.edu</u> for updates.

User Profile Information ③
Create User ID
Description
*Currency Code US Dollar
*Rate Type Current Rate
OK Cancel

4. After information has been reviewed, please proceed by clicking Next.

Welcome	Identifying Information	Addresses	Contacts	Payment Information	Submit
contacts - Step 4	1 of 6			Exit   < Previo	Next 🕨
Company Contact					
Primary	Name		Phone	Designate Address	
۲	John Doe		502/555-5555	Primary Address	<b>~</b> Í
Add Contact					
				Exit Prev	ious Next
* Required field					Next



# **STEP 5 – PAYMENT INFORMATION**

### 1. PAYMENT PREFERENCES

- The University of Louisville standard vendor payment is EFT/ACH. If you would like to be paid via credit card, please contact <a href="mailto:acctspay@louisville.edu">acctspay@louisville.edu</a> after your application has been submitted. Someone from the University will contact you.
- Please enter a <u>VALID</u> email address please double check that you have entered it correctly, otherwise you will not receive notifications regarding payments or other correspondence.
- Best practice is to use a general service account for Business Entities instead of an individual's email when possible.

Welcome	Identifying Information	Addresses	Contacts	Payment Information	Submit
Payment Informa Payment Preference	•			Exit   Yrevi	ious Next 🕨
	Enable Email Email Address	Payment Advice			

### 2. SUPPLIER BANKING INFORMATION

- The banking information that you enter here includes high-level bank and account information that will be stored with your registration record.
- Please complete the **Bank Name**, **Account Type**, **Routing Number** and **Bank Account Number**. No other fields are required to be completed.

Supplier Banking Information @							
Country USA United States							
Bank Name							
Bank ID Qualifier 001 United States Bank	Account Type						
Routing Number							
Bank Account Number							
DFI Qualifier ZZ Mutually Defined							
	Exit   Previous Next >						
*Required Field							

3. If no errors, please click *Next* to proceed to final step.



# STEP 6 - SUBMIT

### 1. **REVIEW:**

- Click the *Review* button to review your information.
- Enter email address(es) that will require the communication regarding your registration. You may include the departmental contact email address at this time, so they are aware of the submitted registration.

### 2. TERMS AND CONDITIONS:

- Review the Terms of Agreement.
- Click on check box to accept the Terms of Agreement.

			Submit		
Welcome	Identifying Information	Addresses	Contacts	Payment Information	Submit
Submit - Step 6 of	6			Exit	Previous Next
Click the "Submit" button Email communication re- Johndoe@gamil.com	on to review the registration inform n to submit your registration after re garding this registration will be sen	eviewing and accepting for	ollowing Terms of Agreem	ent .	
Terms and Condition	ns (?)	itting your registration.			
Select to accept the Terms of Agreement	e Terms of Agreement below.				
Review	Submit				
				Exit	Previous Next

## 3. SUBMIT:

- Click Submit.
- A confirmation will be provided with your *Registration ID* number. Please note, the *Registration ID* number is <u>NOT</u> your Supplier ID. After Accounts Payable reviews your information and if no further action is required, you will receive an additional email from <u>acctspay@louisville.edu</u> with your Supplier ID and Supplier Name.

