

# **Vendor Entry Document Preparation ASU Financial Services**

Revised June 4, 2014

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## **Vendor Entries**

Each person or entity that ASU pays must be setup as a vendor. Vendors are established in Advantage using Vendor Entry (VE) documents. Before beginning a VE, you need the following information:

- Federal Tax ID or Affiliate ID number (if vendor is ASU faculty, staff, or student)
- Required backup
- Vendor's complete legal name
- Vendor's full address

## **Accepted Backup Documentation**

A completed VE is submitted to the Advantage Helpline for verification and final processing. The VE must be accompanied by backup to verify that the information submitted is correct.

Off-Campus Vendors – submit a completed ASU Substitute W-9 or IRS Form W-9

Foreign Vendors – submit a completed IRS Form W-8BEN or W-8BEN-E

ASU Affiliated Individuals – no backup is required, the Advantage Helpline will verify employment or student enrollment

## **Completing a VE**

Depending on the type of vendor, certain fields are required on a VE. For example, ASU faculty and staff are required to have their department and mail code as their address. Foreign vendors must list the country.

## ASU Affiliated Vendors

FUNCTION: DOCID: VE TR1 TR102000128 05/12/14 02:48:04 PM  
STATUS: BATID: ORG:  
VENDOR INPUT FORM

VENDOR: 1000999999 ADDRESS INDICATOR:  
NAME: GEORGE WASHINGTON  
ADDRESS: SCHOOL OF MUSIC  
0405  
CITY: STATE: ZIP:  
COUNTRY: EXT:  
PHONE: EXT:  
FAX #: EXT:  
TOLL FREE:  
CONTACT:  
SORT NAME: WASHINGTON, GEORGE  
COMMENT: RYAN 5-2345 051214  
INDIVIDUAL: Y  
ENTRY DATE:

Required fields for an ASU faculty, staff, or student include:

Field Name	Description	Example
Vendor Number	ASU Affiliate ID	1000999999
Name	Full Name	George Washington
Address Line 1	Department Name	School of Music
Address Line 2	Mail Code	0405
Sort Name	Full Name (Last, First)	Washington, George
Comment	First Name, Extension, Date	Ryan 5-2345 051214
Individual	Individual Yes or No	Y (Yes)

After entering all data fields, edit the document (F7) to validate all entries and check for errors. A successful edit will move the entry to PEND1 status for department approval.

FUNCTION: DOCID: VE TR1 TR102000128 05/12/14 02:50:21 PM  
STATUS: PEND1 BATID: ORG:  
VENDOR INPUT FORM

VENDOR: 1000999999 ADDRESS INDICATOR:  
NAME: GEORGE WASHINGTON  
ADDRESS: SCHOOL OF MUSIC  
0405  
CITY: STATE: ZIP:  
COUNTRY:  
PHONE: EXT:  
FAX #: EXT:  
TOLL FREE:  
CONTACT:  
SORT NAME: WASHINGTON, GEORGE  
COMMENT: RYAN 5-2345 051214  
INDIVIDUAL: Y  
ENTRY DATE: 05 12 2014

H--\*S401-READY FOR APPROVAL 1 H--\*S404-READY FOR APPROVAL 4

Apply Level 1 approval (F12) at the department level. Send VE to Advantage Helpline for final approval.

### **Off-Campus Individuals**

FUNCTION: DOCID: VE TR1 TR102000129 05/12/14 03:01:41 PM  
STATUS: BATID: ORG:  
VENDOR INPUT FORM

VENDOR: INDIVIDUAL ADDRESS INDICATOR:  
NAME: JOHN ADAMS  
ADDRESS: 1234 W WASHINGTON DR  
CITY: TEMPE STATE: AZ ZIP: 85284  
COUNTRY:  
PHONE: 480-999-5128 EXT:  
FAX #: 480-999-6148 EXT:  
TOLL FREE:  
CONTACT:  
SORT NAME: ADAMS, JOHN  
COMMENT: RYAN 5-2345 051214  
INDIVIDUAL: Y  
ENTRY DATE:

Field Name	Description	Example
Vendor Number	"INDIVIDUAL" if vendor uses SSN; otherwise Tax ID	INDIVIDUAL
Name	Full Name	John Adams
Address Line 1	Mailing Address Line 1	1234 W Washington Dr
Address Line 2	Mailing Address Line 2	
City	City Name	Tempe
State	State Abbreviation	AZ
ZIP	ZIP Code	85284
Phone	Vendor Telephone	480-999-5128
Fax	Vendor Fax, if provided	480-999-6148
Toll Free	Vendor Toll Free Telephone, if provided	
Contact	Contact Name at Vendor, if provided	
Sort Name	Full Name (Last, First)	Adams, John
Comment	First Name, Extension, Date	Ryan 5-2345 051214
Individual	Individual Yes or No	Y (Yes)

After entering all data fields, edit the document (F7) to validate all entries and check for errors. A successful edit will move the entry to PEND1 status for department approval.

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FUNCTION:          DOCID: VE   TR1   TR102000129   05/12/14 03:03:58 PM
STATUS: PEND1     BATID:          ORG:
                  VENDOR INPUT FORM

VENDOR: INDIVIDUAL   ADDRESS INDICATOR:
NAME: JOHN ADAMS
ADDRESS: 1234 W WASHINGTON DR

CITY: TEMPE          STATE: AZ   ZIP: 85284
COUNTRY:
PHONE: 480-999-5128   EXT:
FAX #: 480-999-6148   EXT:
TOLL FREE:
CONTACT:
SORT NAME: ADAMS, JOHN
COMMENT: RYAN 5-2345 051214
INDIVIDUAL: Y
ENTRY DATE: 05 12 2014

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H--*8401-READY FOR APPROVAL 1   H--*8404-READY FOR APPROVAL 4

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Apply Level 1 approval (F12) at the department level. Send VE with backup documentation to Advantage Helpline for final approval.

If "INDIVIDUAL" is entered for the Vendor Number, the Advantage Helpline will supply a unique F31-number and notify the department.

## Off-Campus Business

FUNCTION: DOCID: VE TRI TRI02000130 05/13/14 10:28:33 AM  
STATUS: BATID: ORG:  
VENDOR INPUT FORM

VENDOR: 863276289 ADDRESS INDICATOR:  
NAME: PRESIDENTIAL CONSULTING  
ADDRESS: 100 SOUTH LARUE ROAD  
SUITE 96  
CITY: FAYETTEVILLE STATE: AR ZIP: 72701  
COUNTRY:  
PHONE: 479-934-9900 EXT:  
FAX #: 479-934-9922 EXT:  
TOLL FREE: 888-934-9933  
CONTACT: GROVER CLEVELAND  
SORT NAME: PRESIDENTIAL CONSULTING  
COMMENT: RYAN 5-2345 051314  
INDIVIDUAL:  
ENTRY DATE:

Field Name	Description	Example
Vendor Number	Tax ID Number	863276289
Name	Full Legal Name	Presidential Consulting
Address Line 1	Mailing Address Line 1	100 South Larue Road
Address Line 2	Mailing Address Line 2	Suite 96
City	City Name	Fayetteville
State	State Abbreviation	AR
ZIP	ZIP Code	72701
Phone	Vendor Telephone	479-934-9900
Fax	Vendor Fax, if provided	479-934-9922
Toll Free	Vendor Toll Free Telephone, if provided	888-934-9933
Contact	Contact Name at Vendor, if provided	Grover Cleveland
Sort Name	Full Legal Name	Presidential Consulting
Comment	First Name, Extension, Date	Ryan 5-2345 051314

After entering all data fields, edit the document (F7) to validate all entries and check for errors. A successful edit will move the entry to PEND1 status for department approval.

FUNCTION: DOCID: VE TR1 TR102000130 05/13/14 10:33:12 AM  
STATUS: PEND1 BATID: ORG:  
VENDOR INPUT FORM

VENDOR: 863276289 ADDRESS INDICATOR:  
NAME: PRESIDENTIAL CONSULTING  
ADDRESS: 100 SOUTH LARUE ROAD  
SUITE 96  
CITY: FAYETTEVILLE STATE: AR ZIP: 72701  
COUNTRY:  
PHONE: 479-934-9900 EXT:  
FAX #: 479-934-9922 EXT:  
TOLL FREE: 888-934-9933  
CONTACT: GROVER CLEVELAND  
SORT NAME: PRESIDENTIAL CONSULTING  
COMMENT: RYAN 5-2345 051314  
INDIVIDUAL:  
ENTRY DATE: 05 13 2014

H--\*S401-READY FOR APPROVAL 1 H--\*S404-READY FOR APPROVAL 4

Apply Level 1 approval (F12) at the department level. Send VE with backup documentation to Advantage Helpline for final approval.

### **Foreign Vendors**

FUNCTION: DOCID: VE TR1 TR102000131 05/13/14 01:35:28 PM  
STATUS: BATID: ORG:  
VENDOR INPUT FORM

VENDOR: FOREIGN ADDRESS INDICATOR:  
NAME: CRAIGDARROCH CASTLE  
ADDRESS: 1050 JOAN CRESCENT  
VICTORIA, BC V8S 3L5  
CITY: CANADA STATE: ZIP:  
COUNTRY:  
PHONE: 250-592-5323 EXT:  
FAX #: 250-592-1099 EXT:  
TOLL FREE:  
CONTACT: MICHAEL VANCOUVER  
SORT NAME: CRAIGDARROCH CASTLE  
COMMENT: RYAN 5-2345 051314  
INDIVIDUAL:  
ENTRY DATE:



Field Name	Description	Example
Vendor Number	"FOREIGN"	FOREIGN
Name	Full Legal Name	Craigdarroch Castle
Address Line 1*	Mailing Address Line 1	1050 Joan Crescent
Address Line 2*	Mailing Address Line 2	Victoria, BC V8S 3L5
City	Country Name	Canada
Phone	Vendor Telephone	250-592-5323
Fax	Vendor Fax, if provided	250-592-1099
Toll Free	Vendor Toll Free Telephone, if provided	
Contact	Contact Name at Vendor, if provided	Michael Vancouver
Sort Name	Full Legal Name	Craigdarroch Castle
Comment	First Name, Extension, Date	Ryan 5-2345 051314

\*Foreign vendors are required to have their full address entered within Address Lines 1 and 2. The country name must be spelled out in the City field. The State, Zip, and Country fields are left blank.

After entering all data fields, edit the document (F7) to validate all entries and check for errors. A successful edit will move the entry to PEND1 status for department approval.

```

FUNCTION:          DOCID: VE   TR1   TR102000131   05/13/14 01:35:28 PM
STATUS: PEND1     BATID:          ORG:
                  VENDOR INPUT FORM

  VENDOR: FOREIGN      ADDRESS INDICATOR:
    NAME: CRAIGDARROCH CASTLE
  ADDRESS: 1050 JOAN CRESCENT
           VICTORIA, BC V8S 3L5
    CITY: CANADA        STATE:      ZIP:
  COUNTRY:
    PHONE: 250-592-5323   EXT:
    FAX #: 250-592-1099  EXT:
  TOLL FREE:
    CONTACT: MICHAEL VANCOUVER
  SORT NAME: CRAIGDARROCH CASTLE
    COMMENT: RYAN 5-2345 051314
  INDIVIDUAL:
  ENTRY DATE: 05 13 2014

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H--*S401-READY FOR APPROVAL 1   H--*S404-READY FOR APPROVAL 4

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Apply Level 1 approval (F12) at the department level. Send VE with backup documentation to Advantage Helpline for final approval.

The Advantage Helpline will enter the appropriate ID number in the Vendor Number field and notify the department.

## Vendor with Multiple Addresses

If a vendor exists on the vendor tables in Advantage but an additional address is needed, the vendor is added using the same vendor number with an address indicator. The address indicator follows the vendor number with a single letter to denote a different location.

For example, Bio-Rad Laboratories has multiple locations under the Vendor Number 941381833. These are listed with the letters B, E, F, and P.

ACTION: R SCREEN: VNAME USERID: RND1

04/24/14 12:40:25 PM

### V E N D O R   N A M E   I N Q U I R Y

VENDOR NAME		VENDOR	
=====		=====	
01-	BIO-RAD LABORATORIES	941381833	B
02-	BIO-RAD LABORATORIES	941381833	E
03-	BIO-RAD LABORATORIES	941381833	F
04-	BIO-RAD LABORATORIES INC	941381833	
05-	BIO-RAD LABORATORIES INC	941381833	P
06-	BIO-TEK INSTRUMENTS INC	030220579	
07-	BIOAIS LLC	203169520	
08-	BIOANALYTICAL SYSTEMS	351345024	P
09-	BIOANALYTICAL SYSTEMS INC	351345024	
10-	BIOANALYTICAL SYSTEMS INC	351345024	A
11-	BIOBASE CORP	980444353	
12-	BIOCEE INC	421745636	
13-	BIOCLONE	330952678	
14-	BIODESIGN INC. OF NEW YORK	141672985	
15-	BIODEX MEDICAL SYSTEMS	112000806	

## Updating Vendors

A vendor in Advantage may be updated to change a name, address, contact person, etc. The department must complete a [Vendor Change Form](#) (available on Financial Services Forms) and send to the Advantage Helpline with appropriate backup documentation.

If a Vendor Number needs to be changed, a new VE is required.