UNIVERSITY OF
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Controller's Office – Supplier Training

February 20, 2020

Today's Agenda

- Supplier Maintenance
- Searching for a Supplier in PeopleSoft
- Types of Suppliers
- Getting Started - Tips and Tricks
- How to Request a New Supplier
  - Cash Custodian Supplier – Cash Custodian Employee Supplier Form ****NEW FORM****
  - Student Supplier – Student Supplier Form
  - Outside Party Supplier – W-9
  - International Supplier – W-8BEN-E and W-8BEN
- Updating a Supplier – Tips and Tricks
- Where to Submit a New Supplier Packet
- Paying Suppliers – Wire Transfers and ACH
- Where to Find Contacts and Resources

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Supplier Maintenance

- The Tax Department, within the Controller's Office, has the responsibility for the Supplier file.
- New supplier setups and supplier updates will be processed within THREE days of submission.
- The supplier file is the starting point to getting a supplier paid in PeopleSoft. VERY IMPORTANT!!
- All correspondence pertaining to suppliers should be sent to the supplier mailbox: apsupplr@mailbox.sc.edu.

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Searching for a Supplier in PeopleSoft

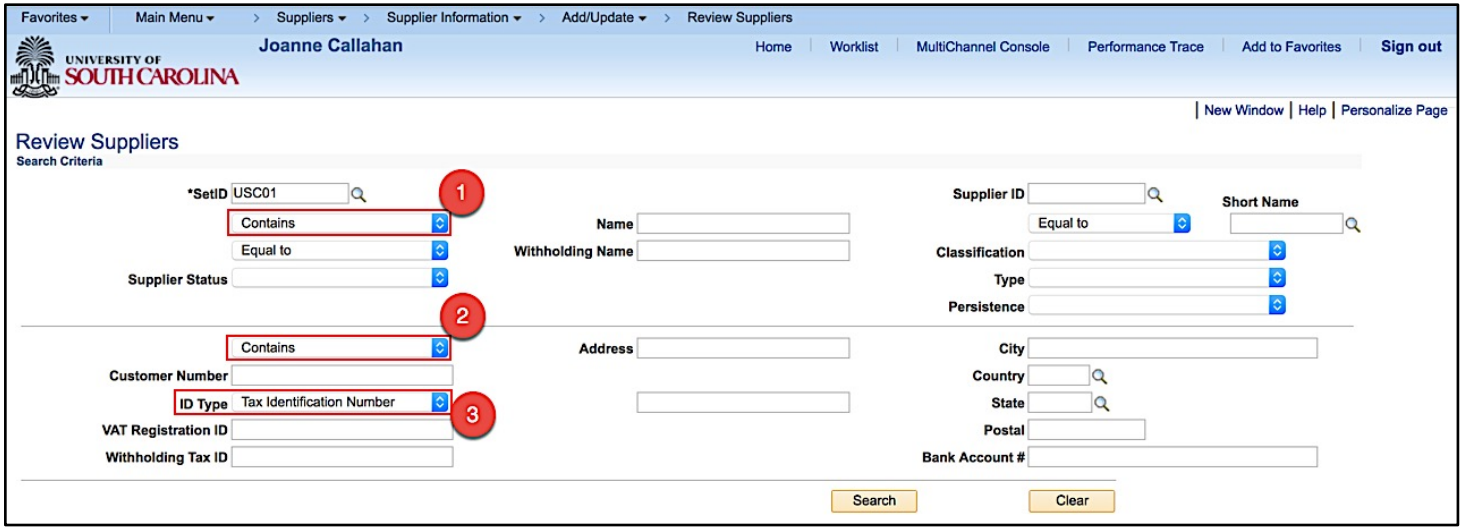
Here is the navigation to search for a supplier:

- Main Menu → Suppliers → Supplier Information → Add/Update → Review Suppliers
- The default SetID should be **USC01**.
- Ways to search:

  (1) Select “Contains” and enter one word for the name OR

  (2) Select “Contains” and enter part of the address OR

  (3) Select “Tax Identification Number” or “Employee Identification Number” and enter the TIN/SSN or USC ID.



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Types of Suppliers

- **Cash Custodian Suppliers** – any employee that needs a cash advance, or is a custodian for a petty cash and/or change fund (Cash Custodian Employee Supplier Form)

- **Student Suppliers** – current USC students (Student Supplier Form)

- **Outside Party Supplier** - entities or individuals within the United States (W-9)

- **International Suppliers** – individuals (W-8 Ben) or entities (W-8 BEN-E) outside of the United States

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Getting Started – Tips and Tricks

- Affiliates who are not employees of the university must complete a W-9.
- If the individual is an employee and they are receiving a reimbursement, they will need to be reimbursed through the travel and expense module.
- If the individual is a student and they are receiving a reimbursement, you will submit the Student Form.
- If the individual is a student and they are receiving a stipend, award, or honorarium, you will submit a W-9 for a US student and W-8Ben for a non-resident International student.
- If the individual is an employee and they are receiving payment for services similar to job description, you will need to contact HR for dual employment consideration.
- Please verify addresses to include an apartment number ensuring payment is received.

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How to Request a New Supplier

- **All forms that include Social Security numbers and/or Banking information should be faxed to (803) 777-9586 or mailed to the Controller's Office.**

- **All other forms can be emailed to APSUPPLR@mailbox.sc.edu . Please also attach any supporting documentation with the email request.**

- **Have supplier include department contact information when they are sending in forms directly.**

- **The following link will direct you to the page where you can find the forms: https://sc.edu/about/offices_and_divisions/controller/suppliers_and_taxes/index.php**

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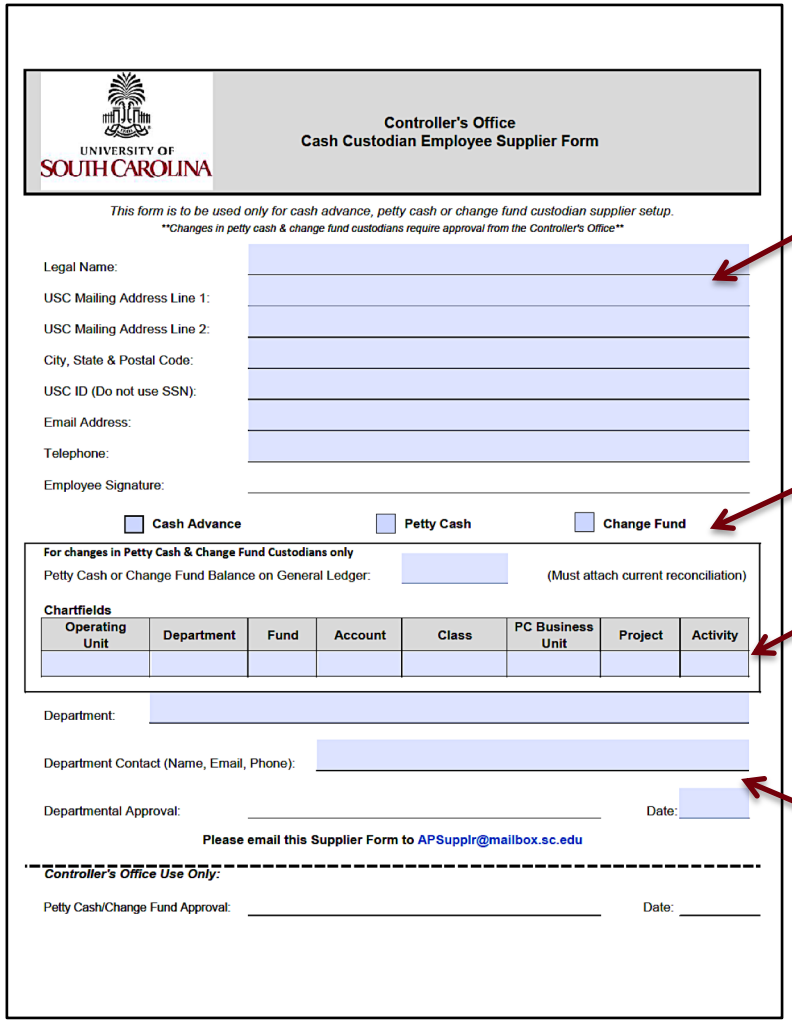
Requesting a Cash Custodian Supplier – Custodian Employee Supplier Form



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Controller's Office
Cash Custodian Employee Supplier Form

This form is to be used only for cash advance, petty cash or change fund custodian supplier setup.
Changes in petty cash & change fund custodians require approval from the Controller's Office

Legal Name:
USC Mailing Address Line 1:
USC Mailing Address Line 2:
City, State & Postal Code:
USC ID (Do not use SSN):
Email Address:
Telephone:
Employee Signature:

☐ Cash Advance ☐ Petty Cash ☐ Change Fund

For changes in Petty Cash & Change Fund Custodians only
Petty Cash or Change Fund Balance on General Ledger: (Must attach current reconciliation)

Chartfields

Operating Unit	Department	Fund	Account	Class	PC Business Unit	Project	Activity

Department:
Department Contact (Name, Email, Phone):
Departmental Approval: Date:

Please email this Supplier Form to APSupplr@mailbox.sc.edu

Controller's Office Use Only:
Petty Cash/Change Fund Approval: Date:

Employee Information – Ensure this is a USC mailing address.

Select the type of custodian.

Complete only for petty cash and change fund custodians.

Department Information – Department Contact, Department Approval and date

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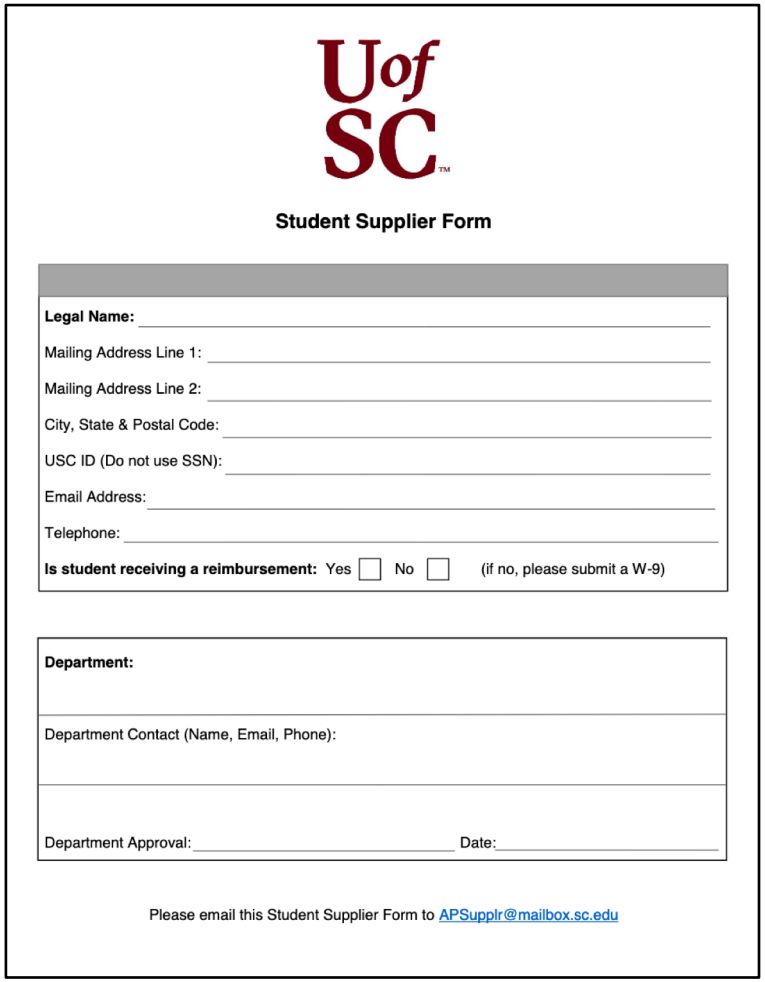
Request a Student Supplier – Student Information Form



Student Supplier Form

Legal Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City, State & Postal Code: _____

USC ID (Do not use SSN): _____

Email Address: _____

Telephone: _____

Is student receiving a reimbursement: Yes ☐ No ☐ (if no, please submit a W-9)

Department:

Department Contact (Name, Email, Phone):

Department Approval: _____ Date: _____

Please email this Student Supplier Form to APSupplr@mailbox.sc.edu

This form is most important in setting up a student as a supplier.

- The USC ID is nine digits with a leading alpha numeric (can be found on the back of the Carolina Card).
- If the student is not receiving reimbursement, please attach a w-9 for a US student or W-8Ben for an International student
- Please notify us of any updates to information with a new form.

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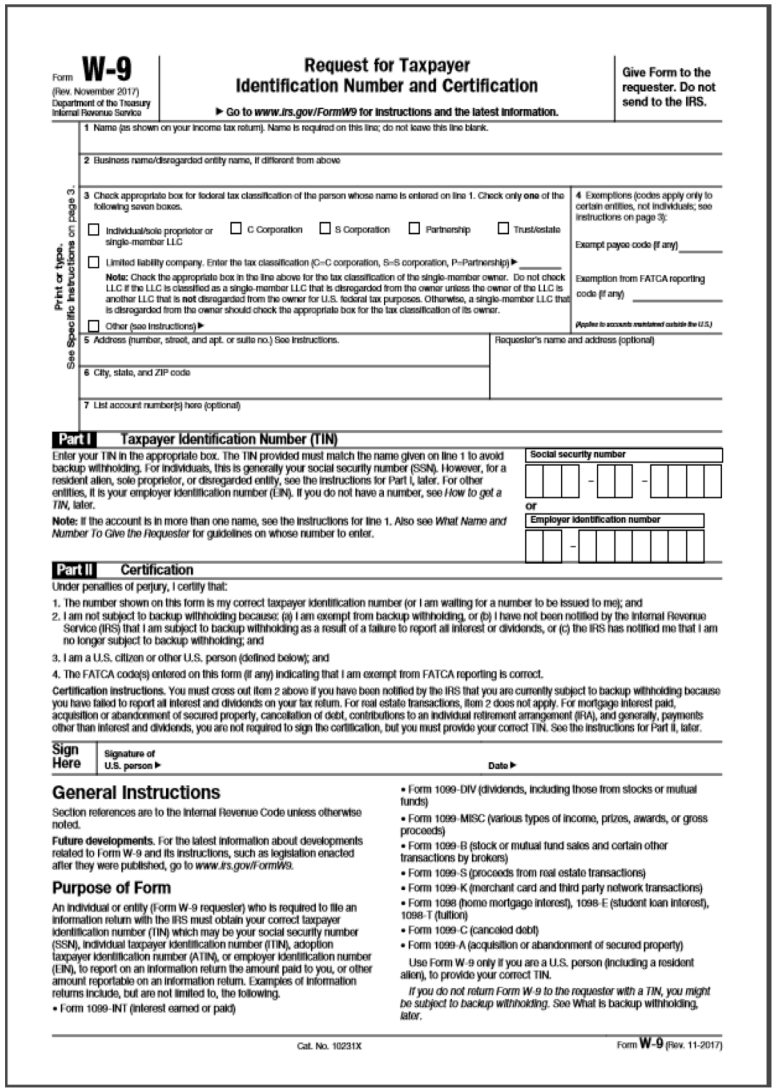
Requesting a Domestic Outside Supplier – W-9



Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

Print or type. See Specific Instructions on page 3.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see Instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional)

6 City, state, and ZIP code

7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

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 for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 11-2017)

This form is for setting up a domestic outside party supplier.

- **Line 1**: Official name submitted to IRS
- **Line 2:** DBA name
- **Line 3:** Classification of the individual/organization (very important)
- **Line 4:** As required
- **Line 5 & 6:** Tax address
- **Part 1:** Individual: SSN; Business: Federal ID #
- **Part 2:** Signature & Date

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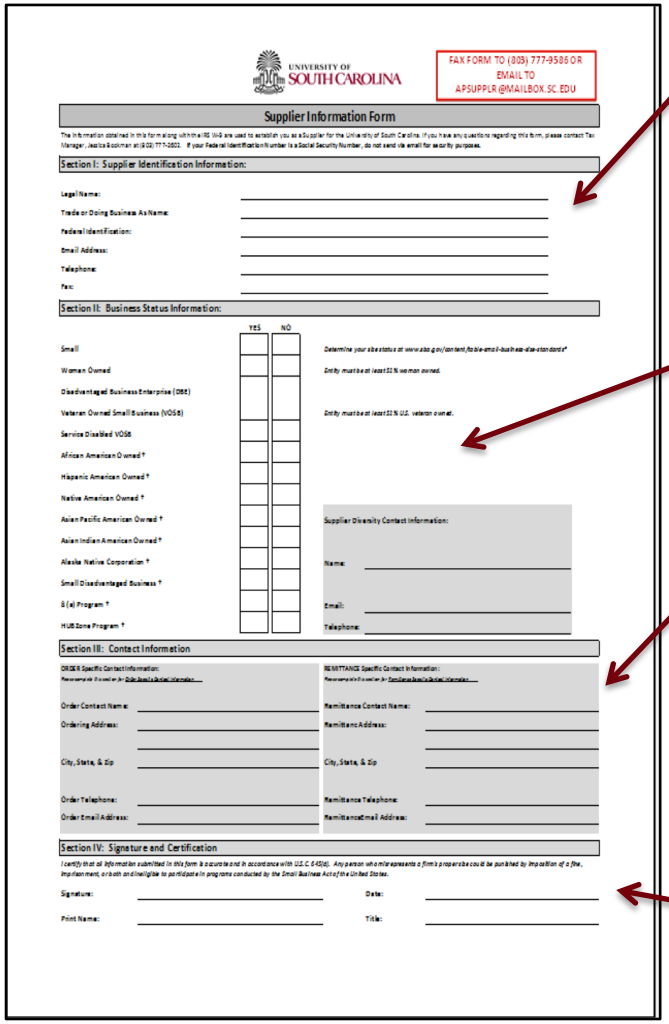
Requesting a Supplier - Supplier Information Form



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FAX FORM TO (803) 777-9586 OR EMAIL TO APSUPPLR@MAILBOX.SC.EDU

Supplier Information Form

The information obtained in this form along with the IRS W-9 are used to establish you as a Supplier for the University of South Carolina. If you have any questions regarding this form, please contact Tax Manager, Jessica Bookman at (803) 777-2602. If your Federal Identification Number is a Social Security Number, do not send via email for security purposes.

Section I: Supplier Identification Information:

Legal Name: _____

Trade or Doing Business As Name: _____

Federal Identification: _____

Email Address: _____

Telephone: _____

Fax: _____

Section II: Business Status Information:

	YES	NO	
Small			*Determine your size status at www.sba.gov/content/table-small-business-size-standards*
Woman Owned			*Entity must be at least 51% woman owned.*
Disadvantaged Business Enterprise (DBE)			
Veteran Owned Small Business (VOSB)			*Entity must be at least 51% U.S. veteran owned.*
Service Disabled VOSB			
African American Owned †			
Hispanic American Owned †			
Native American Owned †			
Asian Pacific American Owned †			
Asian Indian American Owned †			
Alaska Native Corporation †			
Small Disadvantaged Business †			
8 (a) Program †			
HUBZone Program †			

Supplier Diversity Contact Information:

Name: _____

Email: _____

Telephone: _____

Section III: Contact Information

ORDER Specific Contact Information:
Procurement Is Invoice for Order Specific Contact Information

Order Contact Name: _____

Ordering Address: _____

City, State, & Zip _____

Order Telephone: _____

Order Email Address: _____

REMITTANCE Specific Contact Information:
Procurement Is Invoice for Remittance Specific Contact Information

Remittance Contact Name: _____

Remittanc Address: _____

City, State, & Zip _____

Remittance Telephone: _____

Remittance Email Address: _____

Section IV: Signature and Certification

I certify that all information submitted in this form is accurate and in accordance with U.S.C. 645(a). Any person who misrepresents a firm's properties could be punished by imposition of a fine, imprisonment, or both and ineligible to participate in programs conducted by the Small Business Act of the United States.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Section 1: Company Information – Name, Email Address, Telephone #, and Fax #

Section 2: Business Status Information – Size Status

Section 3: Order and Remit Contact Information – this information is for Procurement and Accounts Payable

Section 4: Signature Area

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Requesting an International Supplier (Organization) – W-8BEN-E

Form **W-8BEN-E**
(Rev. April 2016)
Department of the Treasury
Internal Revenue Service

Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)

▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.
▶ Information about Form W-8BEN-E and its separate instructions is at *www.irs.gov/formw8bene*.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for: — **Instead use Form:**

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual . . . . . W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) . . . . . W-8ECI or W-8EXP
- Any person acting as an intermediary W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner — 2 Country of incorporation or organization

3 Name of disregarded entity receiving the payment (if applicable, see instructions)

4 Chapter 3 Status (entity type) (Must check one box only):
☐ Corporation ☐ Disregarded entity ☐ Partnership
☐ Simple trust ☐ Grantor trust ☐ Complex trust ☐ Estate ☐ Government
☐ Central Bank of Issue ☐ Tax-exempt organization ☐ Private foundation ☐ International organization

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. ☐ Yes ☐ No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status).

☐ Nonparticipating FFI (including a limited FFI or an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).
☐ Participating FFI.
☐ Reporting Model 1 FFI.
☐ Reporting Model 2 FFI.
☐ Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.
☐ Sponsored FFI. Complete Part IV.
☐ Certified deemed-compliant nonregistering local bank. Complete Part V.
☐ Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.
☐ Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.
☐ Certified deemed-compliant limited life debt investment entity. Complete Part VIII.
☐ Certified deemed-compliant investment advisors and investment managers. Complete Part IX.
☐ Owner-documented FFI. Complete Part X.
☐ Restricted distributor. Complete Part XI.
☐ Nonreporting IGA FFI. Complete Part XII.
☐ Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.
☐ International organization. Complete Part XIV.
☐ Exempt retirement plans. Complete Part XV.
☐ Entity wholly owned by exempt beneficial owners. Complete Part XVI.
☐ Territory financial institution. Complete Part XVII.
☐ Nonfinancial group entity. Complete Part XVIII.
☐ Excepted nonfinancial start-up company. Complete Part XIX.
☐ Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.
☐ 501(c) organization. Complete Part XXI.
☐ Nonprofit organization. Complete Part XXII.
☐ Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.
☐ Excepted territory NFFE. Complete Part XXIV.
☐ Active NFFE. Complete Part XXV.
☐ Passive NFFE. Complete Part XXVI.
☐ Excepted inter-affiliate FFI. Complete Part XXVII.
☐ Direct reporting NFFE.
☐ Sponsored direct reporting NFFE. Complete Part XXVIII.
☐ Account that is not a financial account.

6 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate. — Country

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate. — Country

8 U.S. taxpayer identification number (TIN), if required — 9a GIIN — b Foreign TIN

10 Reference number(s) (see instructions)

Note: Please complete remainder of the form including signing the form in Part XXX.

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 69689N Form **W-8BEN-E** (Rev. 4-2016)

This form is for foreign entities or organizations.

- **Line 1:** Name of organization
- **Line 2:** Country where the organization is incorporated
- **Line 4:** Ensure organization selects a Chapter 3 Status
- **Line 5:** If applicable, ensure the organization selects a Chapter 4 Status
- **Line 6:** Permanent Resident Address
- **Line 7:** Mailing address, if different from line 6
- **Line 8:** US Tax Payer Identification Number
- **Line 9b:** Foreign Tax ID Number

Please make sure the individual signs, dates and certifies the form.

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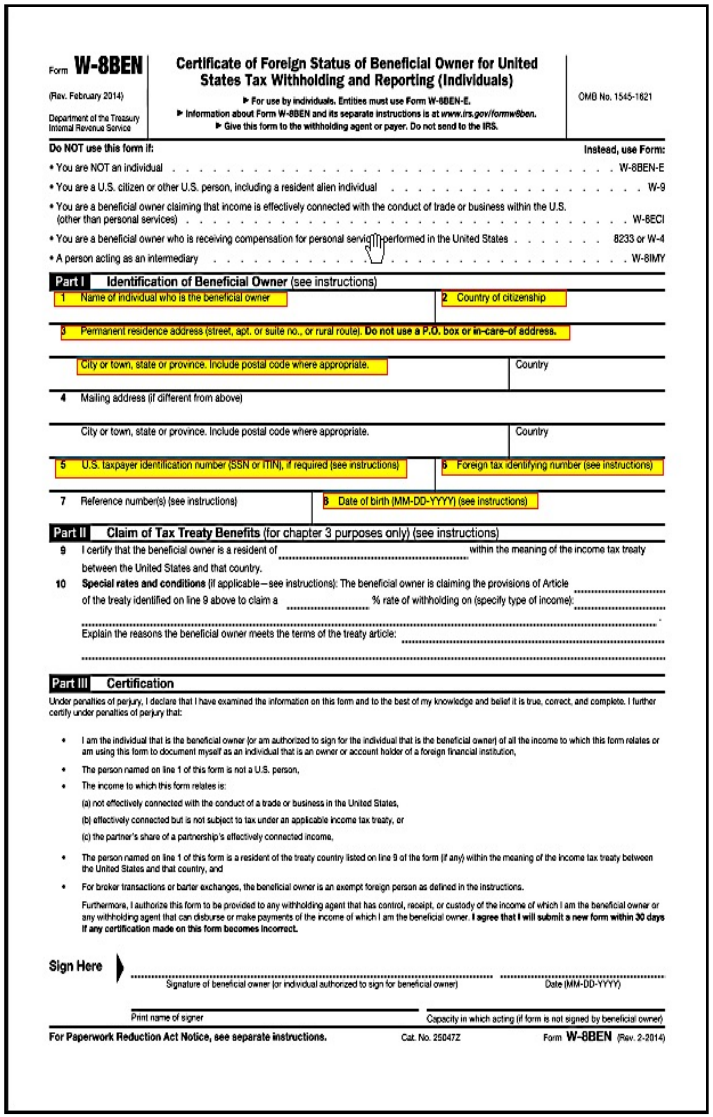
Requesting an International Supplier (Individual) – W-8BEN



Form **W-8BEN** (Rev. February 2014)
Department of the Treasury Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

▶ For use by individuals. Entities must use Form W-8BEN-E.
▶ Information about Form W-8BEN and its separate instructions is at *www.irs.gov/formw8ben*.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:	Instead, use Form:
• You are NOT an individual	W-8BEN-E
• You are a U.S. citizen or other U.S. person, including a resident alien individual	W-9
• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)	W-8ECI
• You are a beneficial owner who is receiving compensation for personal services performed in the United States	8233 or W-4
• A person acting as an intermediary	W-8IMY

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner
2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.**
City or town, state or province. Include postal code where appropriate.
Country
4 Mailing address (if different from above)
City or town, state or province. Include postal code where appropriate.
Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)
6 Foreign tax identifying number (see instructions)
7 Reference number(s) (see instructions)
8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of ..... within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article ..... of the treaty identified on line 9 above to claim a ..... % rate of withholding on (specify type of income): .....

Explain the reasons the beneficial owner meets the terms of the treaty article: .....

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  (a) not effectively connected with the conduct of a trade or business in the United States,
  (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶ ..... Signature of beneficial owner (or individual authorized to sign for beneficial owner) ..... Date (MM-DD-YYYY)

Print name of signer
Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 25047Z Form **W-8BEN** (Rev. 2-2014)

This form is for foreign individuals only.

- **Line 1:** Name of individual
- **Line 2:** Country where the individual is a citizen
- **Line 3:** Physical Address of individual
- **Line 4:** Optional, i.e. lockbox address
- **Line 5:** Tax ID # (SSN or ITIN)
- **Line 6:** Foreign Tax ID #
- **Line 7:** Invoice # or Account #
- **Line 8:** Date of Birth
- **Lines 9 & 10:** Claim of Tax Treaty Benefits

Please make sure the individual signs and dates the form.

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Non-Resident Alien – Tips and Tricks

- In general if the individual **DOES NOT** have a tax ID number **OR** their tax country does not have a treaty that allows for an exemption **AND** the services were rendered **WITHIN** the United States, the individual will be taxed a maximum 30% of the invoice total amount, which will be withheld from their payment.
- If the individual **DOES NOT** have a tax ID number **AND** the services were rendered **OUTSIDE** the United States, the individual will not be taxed 30%.
- If the individual has a tax ID number, the withholding rate will be determined by the treaty, if one exists.

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Updating a Supplier – Tips and Tricks

- If a supplier's physical address is changing, we will need a new W-9 or Student Form in order to update the supplier.
- If the supplier needs a new remit address, you can send a screenshot from the invoice of the address or forward the email from the company stating the remit address needs to be changed.
  - Please do not request a "remit to address" in comment section when making a payment request.
  - Departments should contact the supplier team about a new address before a payment request is entered.
- If the banking information changes, a new ACH form is required to update the information in PeopleSoft. Due to an increase in attempted ACH fraud, the Supplier team must verify the banking update via an independent confirmation.

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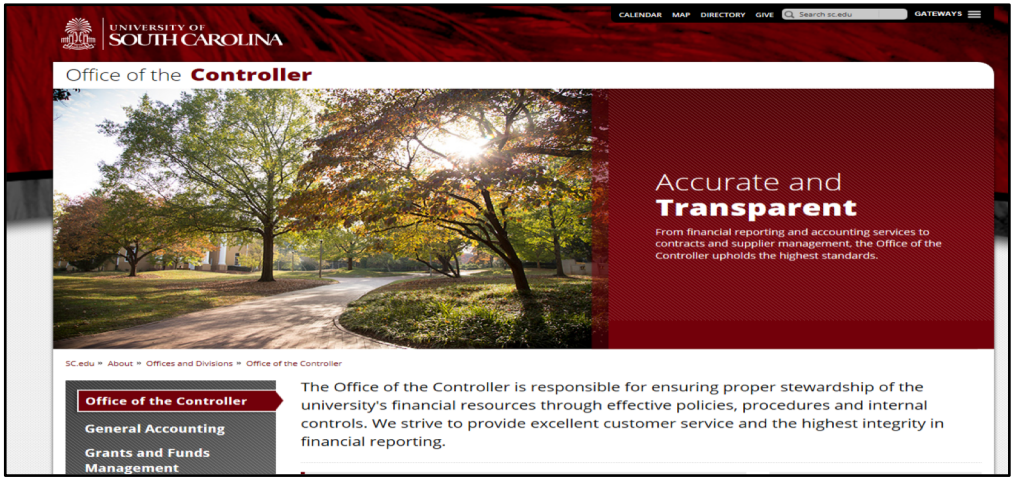
Where to Submit a New Supplier Packet

- If you can't find the supplier in the PeopleSoft system, please have the supplier complete the Supplier Information Packet and submit it to the **Supplier Team:**
  - by **email** apsupplr@mailbox.sc.edu
  - by **fax** at (803) 777-9586
  - by **mail**: 1600 Hampton Street, Controller's Office 6th Floor, Columbia, SC 29208
- The Supplier Packet can be found at: https://sc.edu/about/offices_and_divisions/controller/suppliers_and_taxes/index.php



- Within the THREE day deadline, you can check the "Review Suppliers" screen to see if a supplier has been entered into PeopleSoft.

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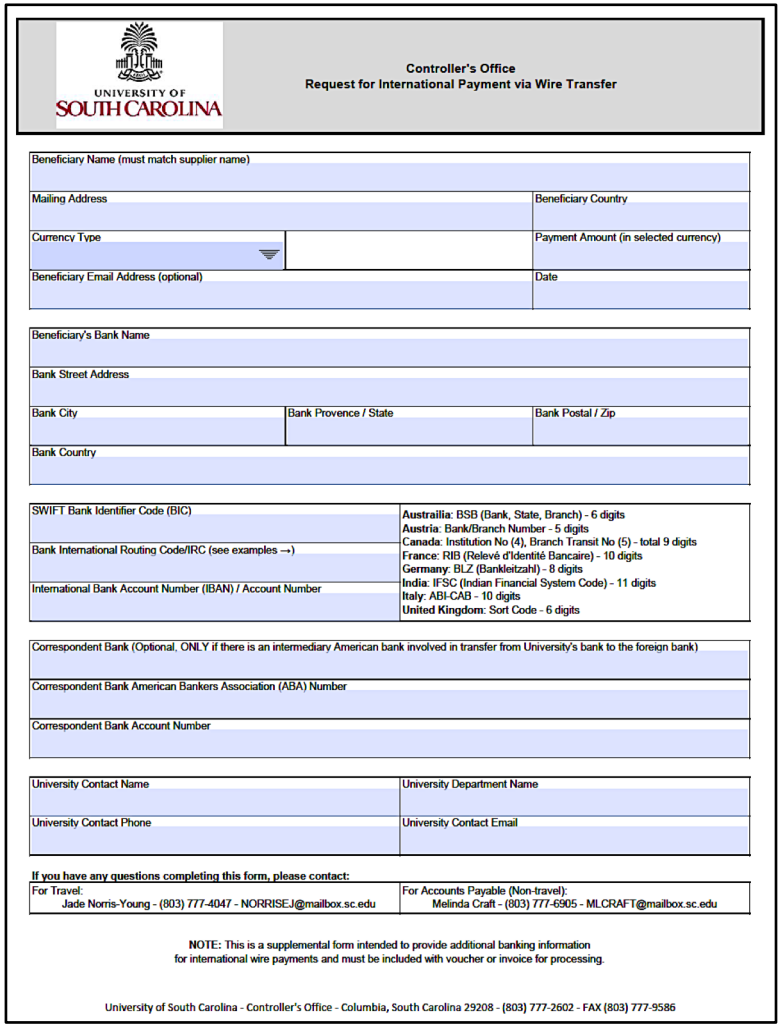
Setting up Payment for a New Supplier – International Wire Transfer Form



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Controller's Office
Request for International Payment via Wire Transfer

Beneficiary Name (must match supplier name)

Mailing Address | Beneficiary Country

Currency Type | Payment Amount (in selected currency)

Beneficiary Email Address (optional) | Date

Beneficiary's Bank Name

Bank Street Address

Bank City | Bank Provence / State | Bank Postal / Zip

Bank Country

SWIFT Bank Identifier Code (BIC)

Bank International Routing Code/IRC (see examples →)

International Bank Account Number (IBAN) / Account Number

Austrailia: BSB (Bank, State, Branch) - 6 digits
Austria: Bank/Branch Number - 5 digits
Canada: Institution No (4), Branch Transit No (5) - total 9 digits
France: RIB (Relevé d'Identité Bancaire) - 10 digits
Germany: BLZ (Bankleitzahl) - 8 digits
India: IFSC (Indian Financial System Code) - 11 digits
Italy: ABI-CAB - 10 digits
United Kingdom: Sort Code - 6 digits

Correspondent Bank (Optional, ONLY if there is an intermediary American bank involved in transfer from University's bank to the foreign bank)

Correspondent Bank American Bankers Association (ABA) Number

Correspondent Bank Account Number

University Contact Name | University Department Name

University Contact Phone | University Contact Email

If you have any questions completing this form, please contact:

For Travel:
Jade Norris-Young - (803) 777-4047 - NORRISEJ@mailbox.sc.edu

For Accounts Payable (Non-travel):
Melinda Craft - (803) 777-6905 - MLCRAFT@mailbox.sc.edu

NOTE: This is a supplemental form intended to provide additional banking information for international wire payments and must be included with voucher or invoice for processing.

University of South Carolina - Controller's Office - Columbia, South Carolina 29208 - (803) 777-2602 - FAX (803) 777-9586

This form is for foreign individuals, entities or organizations.

- This form is used to wire the funds for foreign individuals, entities, and organizations.
- This form should be faxed to the Controller's office at 803-777-9586.
- Please specify the correct currency for the payment per the invoice.

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Setting up Payment for a New Supplier – ACH

Staple Voided check (if applicable) HERE behind form.

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ACH Authorization Agreement and Enrollment for Direct Deposit and Remittance Advice

Mail To:
University of South Carolina
Controller's Office
Attn: Supplier Setup
1600 Hampton St, 6th Floor
Columbia, SC 29208

Please complete this form and attach a voided check (if applicable) to validate the account information. Mail this form to address to the left or fax to (803) 777-9586. If you have any questions or need assistance with this form, please call the University of South Carolina's Controller's Office at (803) 777-2602.

DO NOT EMAIL THIS FORM
Banking information should not be sent through email.

Supplier / Payee Federal Tax Identification Number

Supplier / Payee Name (as shown on the Bank Account)

Supplier / Payee Address

ACH Contact Name (supplier contact person for banking information)

ACH Contact Telephone Number (Include Area Code)

Supplier / Payee City | State | Zip Code

ACH Contact Email (for Remittance Advice)

Financial Institution Name

Financial Institution Address

Type of Account ☐ Checking ☐ Savings

ABA Routing / Transit Number

Financial Institution City | State | Zip Code

Depositor Account Number

Additional Remittance Email Address

Additional Remittance Email Address

By signing this form, I authorize the University of South to initiate electronic credit entries to a checking or a savings account indicated above at the financial institution identified above. I understand that payments and reimbursements *may* be made by the University of South Carolina, to me or the supplier I represent and *only to the one bank account indicated*. In the event of overpayment to this bank account, I authorize the University of South Carolina to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the University of South Carolina Controller's Office in writing at least fifteen (15) days prior to termination. *Any change* to the bank account or to a new financial institution will require a *new ACH Authorization and Enrollment Form*. Failure to notify the University of South Carolina Controller's Office of an account change will delay payment.

Signature of Authorized Official

Signature Date

Print or Type Authorized Official's Name

Telephone Number

University of South Carolina · Controller's Office · Columbia, South Carolina 29208 · 803/777-2602 · FAX 803/777-9586

This form is optional depending on how the supplier chooses to be paid.

- Federal Tax ID #
- Supplier Name and ACH contact information
- Banking Information
  - Bank Name & Address
  - Check Checking/Savings
  - Routing Number (from check not deposit slip)
  - Account Number
- Authorized Signature and Telephone #

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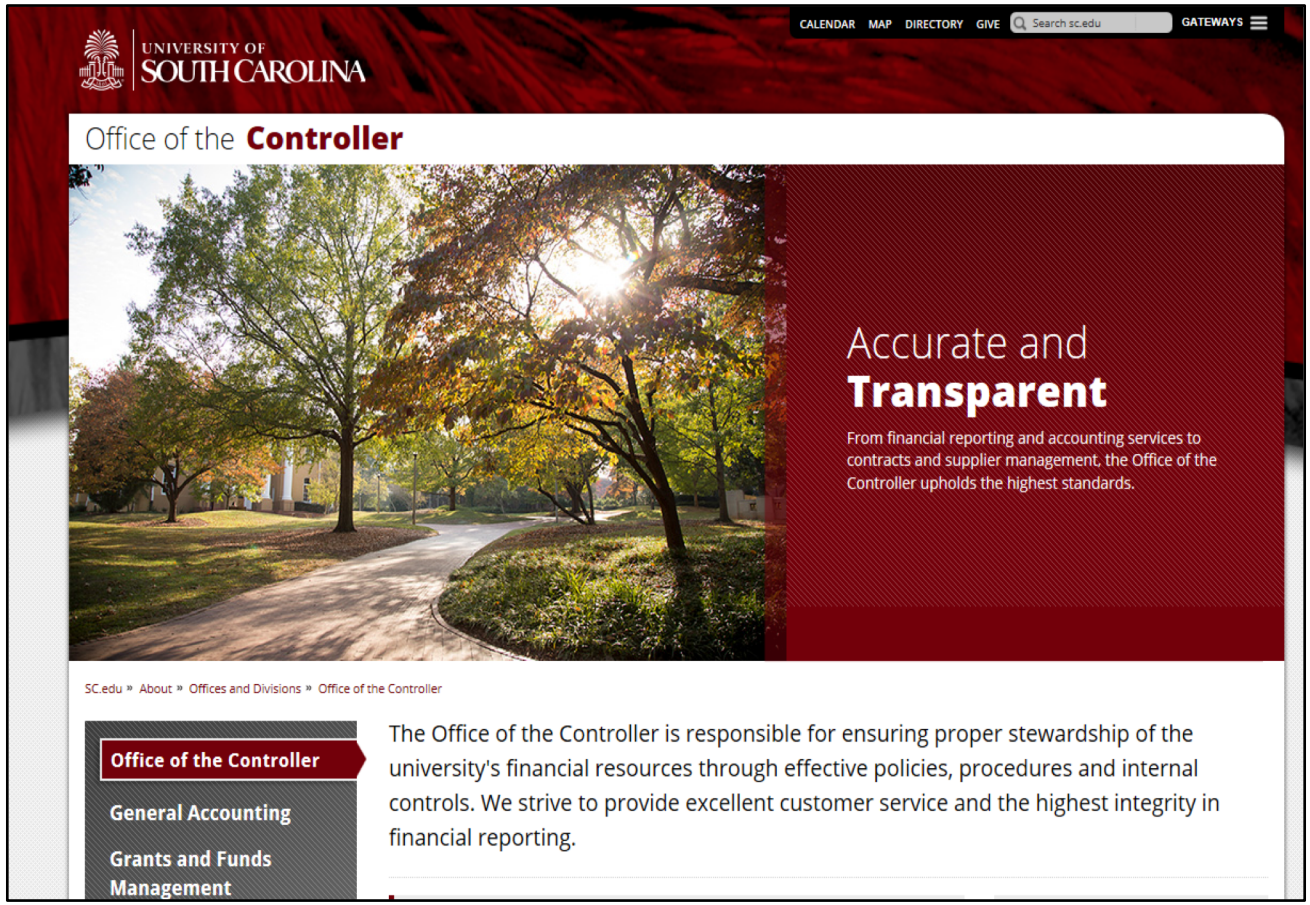
Where to Find the Resources Referenced in this Presentation

Controller's Website – Supplier and Tax Management:

http://sc.edu/about/offices_and_divisions/controller/



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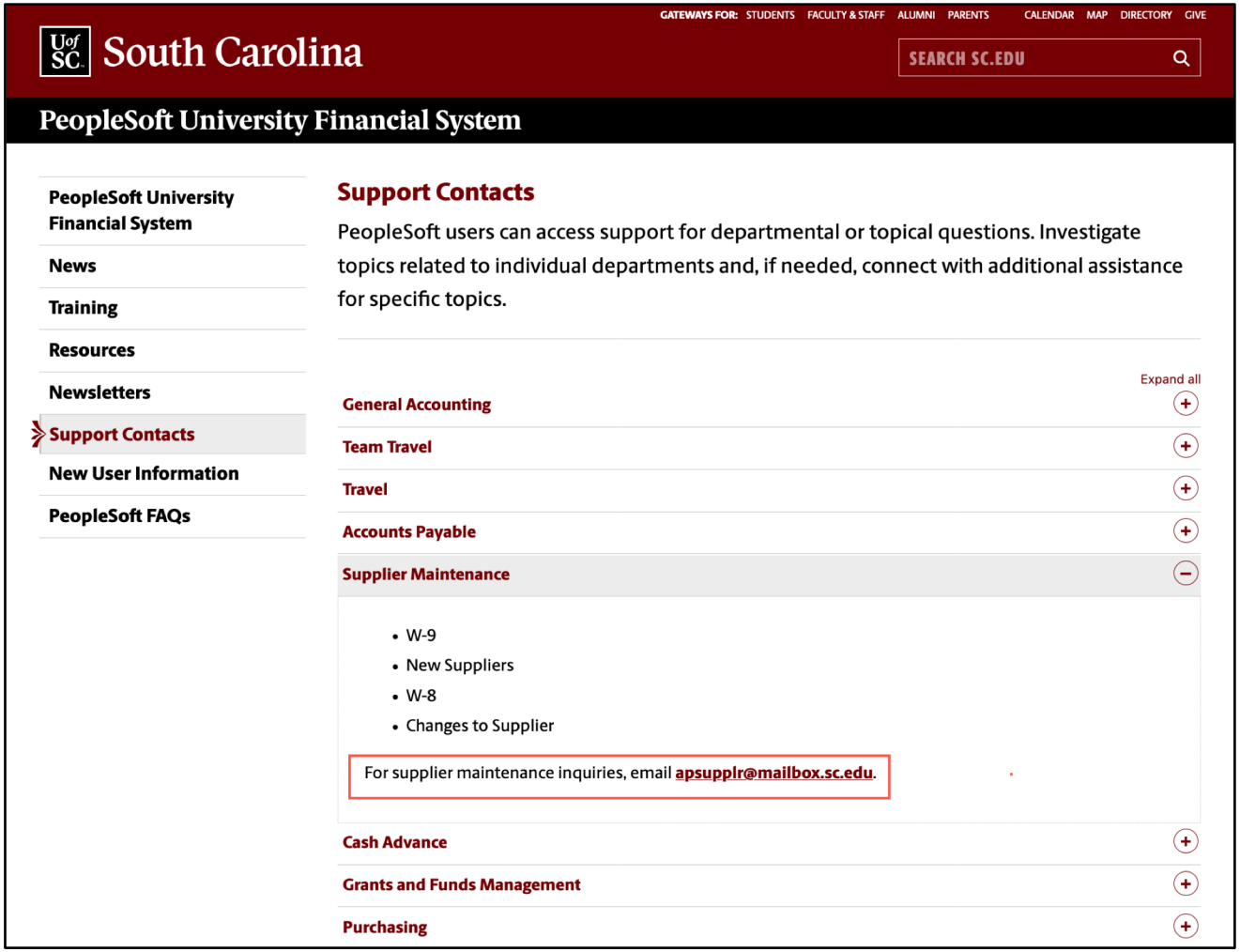
Support Contact Information

[PeopleSoft University Financial System Website](#) – Support Contacts



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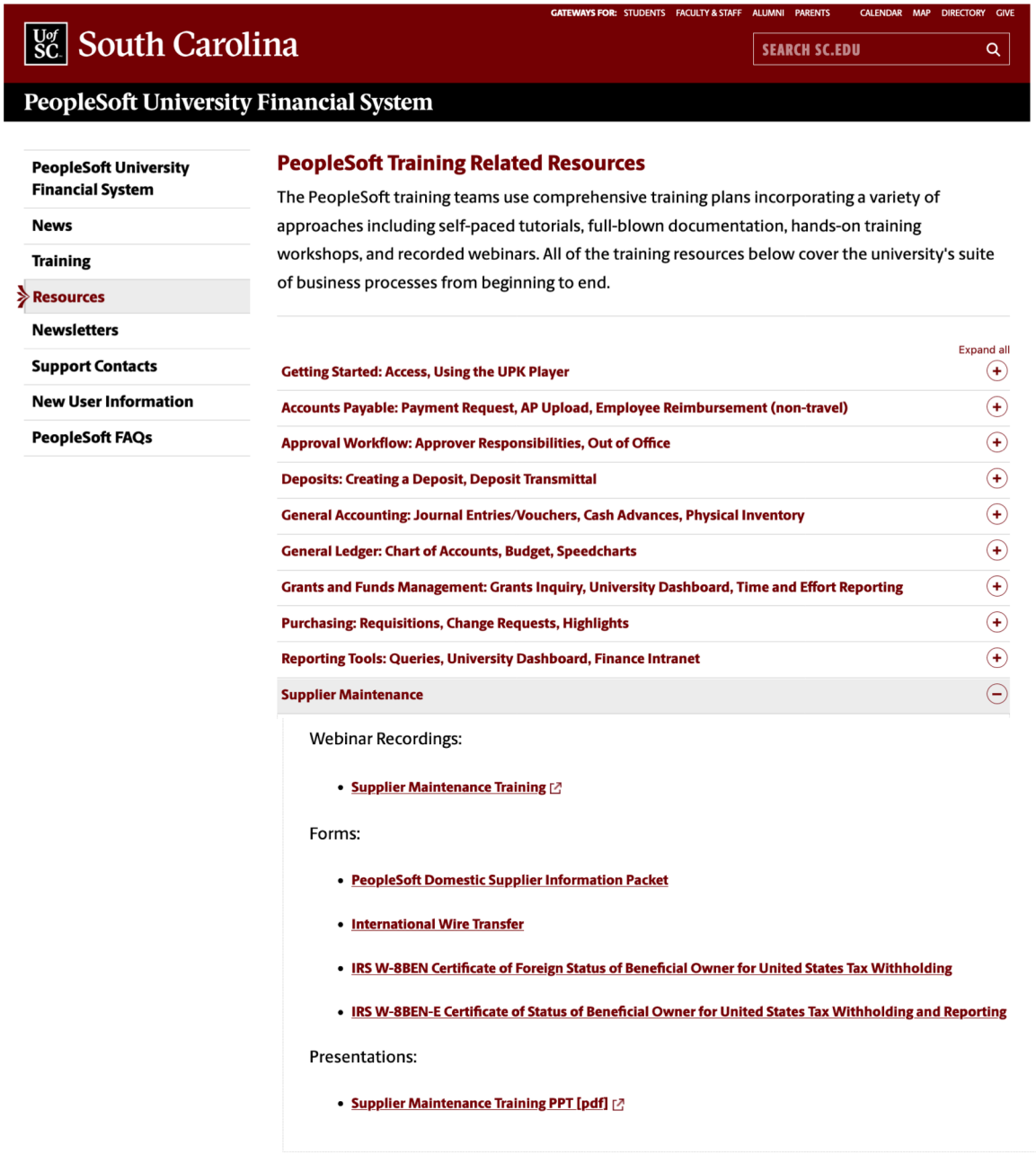
Where to Find the Training Resources



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Questions

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