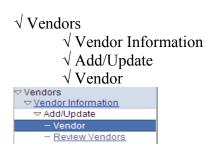
Finding an Existing Vendor

Navigation:



Find an Existing Vendor:

Required Search Field: SETID = LBNL Optional Search Fields

Optional Se	arch Fi	<u>elds</u>	
√ Sh		D: Vendor N ndor Name	Number that you want to view
Vendor Information		Search. Leave fields blank	k for a list of all values.
Find an Existing Value	Add a New	/alue	
SetID:	= 🗸	LBNL	Q
Vendor ID:	begins with 💌		
Persistence:	= ~		~
Classification:	= ~		~
Short Vendor Name:	begins with 💌		Q
Our Customer Number:	begins with 💌		Q
Name 1:	begins with 💌		Q

■ Feature: Search Options

☐ Include History ☐ Correct History ☐ Case Sensitive

When using the search features, you will have multiple search options. Some of the choices are begins with; contains; between; etc.

Search by Name

You can search for vendors by Name 1.

<u>Remember</u>, if you search by Name 1, you should refer to the Vendor Abbreviation list for possible abbreviations. It is best to use the <u>CONTAINS</u> feature in conjunction with a word that is least likely to be abbreviated.

Note: If the address you need is not under that vendor, please follow procedures for requesting an address addition.

Vendor Information

Tabs = Summary, Identifying information, Address, Contact, and Location



Summary Tab

Short Name:

If it is a company, the short name is the first 10 characters of Name 1 (including space, comma, period, or any special characters), or a company's well known abbreviation or acronym. If it is an individual name, the short name is the individual's last name, followed by comma and the individual's first name (For example, short name for JOHN SMITH is SMITH, JOHN). No space is between last name and first name for individual vendor. Last name and first name of the individual vendor will only be separated by a comma as short name.



Vendor Name:

Vendor name is the same as Name 1 under Identifying Information tab. The vendor name is equivalent to the vendor's Doing Business As (DBA) name. This is the name that should match the name on the invoice and will be printed on the checks to the vendor.

This is also the name that will appear on Requisitions and Purchase Orders for this vendor. This name can be abbreviated. The maximum number of characters is 40.

AP abbreviates Name 1 if the name is more than 40 characters. The name will be abbreviated from right to left using Standard Abbreviation list (See pages 26-30 for a list of abbreviations).

Vendor Name is entered exactly as the vendor specified on the vendor registration form. However, we do use abbreviations if needed.

Examples are:

AMERICAN = AMER	CHEMICAL = CHEM
CORPORATIONS(S) = CORP	EXECUTIVE = EXEC
HOSPITAL = HOSP	OKLAHOMA = OKLA
SOCIETY = SOC	SYSTEM(S) = SYS

A complete list of the Standard Abbreviations for Vendor Names and Addresses is at www.lbl.gov/Workplace/CFO/co/ap/index.html.

Order and Remit To:

The Order and Remit To addresses on the Summary tab are the default addresses for the vendor. These are the addresses that will default for the requisition and the voucher.



Status:

The vendor status can be approved, unapproved, or inactive. If the vendor is approved, it is ready for use. If the vendor is unapproved, this means there are changes being made to that vendor and it should be approved soon. If the vendor is inactive, it is closed and can no longer be used.

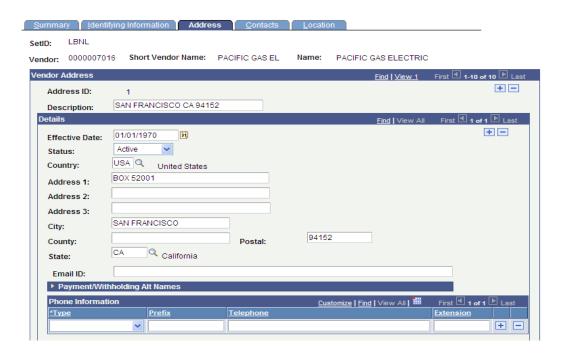
Status: Approved
Persistence: Regular
Classification: Supplier
HCM Class:
Open for Ordering: Yes
Withholding: No

Address Tab

The address tab displays all of the addresses that have been provided by the vendor. An address will have to be listed here before you are able to use it.

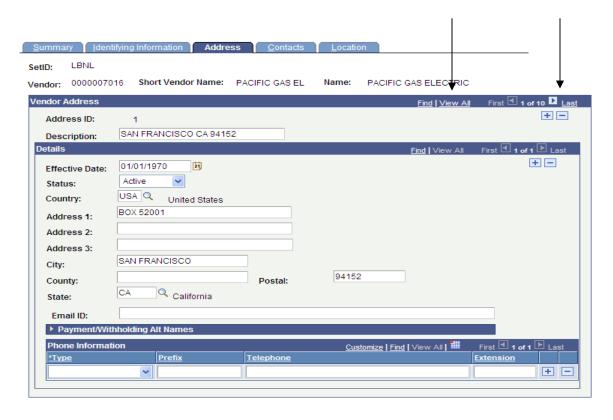
PeopleSoft version 8.8 allows for multiple addresses to be populated for each vendor. These addresses will be used based on the information provided by the vendor. You will find addresses for:

√ Pricing
√ Ordering
√ Invoicing/Remitting
√ Returns



Note: If an address needs to be added to a vendor, the buyer is <u>REQUIRED</u> to obtain the Tax Identification Number (TIN) so the information can be properly matched to the correct vendor record. Please follow procedures for requesting an address addition.

Vendor Address Display: Address can be viewed one at a time by clicking on the right directional arrows on the Navigational Controls bar, or click on "View All" to see a complete list.



Effective Date: Effective date is back dated to 1970 because PeopleSoft will not allow you to enter a voucher or requisition using a date that is after the date on your invoice.



Status: Address can be active or inactive. If an address is active, then it is available for use. If it is inactive, it is an invalid address that is no longer being used by this vendor.

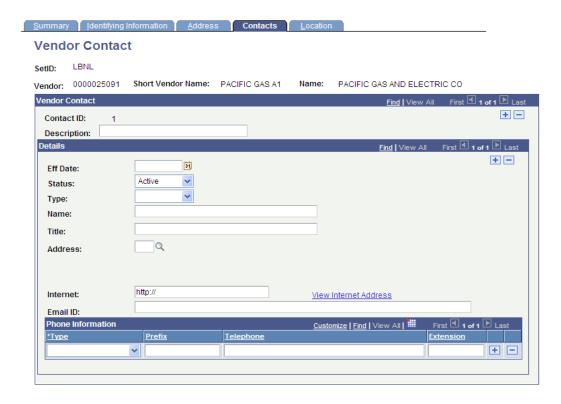


Address 1, 2, and 3: Address 1, 2, and 3 are the only addresses that print on our checks, along with city, state, and zip code

Email ID: Displays the email address provided by the vendor. There can be multiple email addresses for a vendor. Departments may use this to contact vendors.

Phone Information: Displays the telephone numbers provided by the vendor.

Contacts: There can be multiple contact information listed for each vendor, it will include the Contact Name, Title, Web URL, and email address information as provided by the vendor. The contact tab displays information for different departments within the company. Some department description examples are: Ordering, Customer Service, and Returns, etc.



Note: The contact information is taken from the documentation received by the vendor desk.

Location: Address has to be associated with a location to be available for use. Whereas addresses are numbered by PeopleSoft in order of entry, multiple addresses will display in alphabetical/numeric order on the location tab. Each vendor should designate their address information according to: Pricing, Ordering, Invoicing, Remitting, and Returning. LBNL will always use the same address for Invoicing & Remitting.

Note: Remit To Address can be different from the Pricing/Ordering/Returns addresses. Each vendor is unique and should be checked for different types of addresses.

Invoicing and Remitting addresses are under Payables link on the **Location** tab.



Payable Option:

Invoicing and remitting addresses are the addresses that pull in on a voucher.

In the screenshot below, your payment address would be the address below.



<u>Pricing, Ordering, Returning, and Ship From</u> addresses are under the Procurement link on the Location tab

Procurement Option: Ordering, Pricing, Returning, and Ship From addresses are the addresses that are related to our requisitions and purchase orders.

In the print screen below, the address shown below would be the Ordering address.



<u>Comments</u>: Vendor Comments can be used by the AP vendor desk to provide information about the vendors to the department. For example, if a vendor has been inactivated, the comments should contain the date of inactivation, a reason for inactivation, and may reference a new vendor ID.



Adding a Vendor:

Acceptable Documentation

√ Completed & Signed LBNL Vendor Form (W-9 or W-8 Substitute)

Vendor forms are required to ensure we are entering complete and accurate information as well to validate entity status and tax information.

Note: Please ask vendors to return all documentation to you first, you will then forward it to the AP Vendor Desk via fax (Note: Please do NOT email vendor registration form to the AP Vendor Desk if it contains Individual Tax Identification Number or Social Security Number. If the form does NOT contain ITIN or SSN, it is okay to email vendor forms to AP Vendor Desk). This process allows you to obtain a copy for your records and you will know when the form was sent to the vendor desk. Please always use a fax coversheet. If the Vendor Desk has any questions or if there are any delays in entering your vendor, we cannot notify you without contact information.

Getting Started

Before asking the vendor to complete a vendor form, search for the vendor using their name on the Vendor Information page (see Page 1 for details). If the vendor hasn't been set up in our vendor database, please fax or email the appropriate vendor form to the vendor for completion.

Vendor Forms:

All vendors must complete a Vendor Form.

There are three forms available:

- Company
- Individual
- Foreign

The Company and Individual forms contains W-9 information, the Foreign form contains W-8 information. Both types of forms require a signature. Do NOT sign a vendor form on behalf of anyone.

Vendor forms are available on the Accounts Payable Website. Please always refer to the website for the most updated forms.

http://www.lbl.gov/Workplace/CFO/co/ap/index.html

Vendor Form – **Company** – for display purposes only

CFO DESCRIPTION OFFICER CHEF FRANCIAL OFFICER CHEFT SHARED CHEFT SHARE	ENCE BERKELEY NATIONAL LABORATORY	FOI LBINE USe only
W-9 SU.	BSTITUTE – VENDOR REGISTRATION FORM	USG
	FOR DOMESTIC COMPANIES ONLY Please Print or Type	on
Instructions To Monday Disease fill southing for	m and return/fax to the individual requesting it.	~
Instructions To LBNL Department – Please ret	ni and return lax to the morvious requesting it. tum/fax to: LBNL Accounts Payable Department, PO BOX, Berkeley, CA 94701	
or fax to (510) 486-5995 Questions: Email <u>vendordesk@lbl.gov</u> or call ((510) 486-6954.	
Company/Individual name on IRS l	Record:	
Company DBA Name (PAYMENT WILL B	E MADE PAYALBE TO THIS NAME):	١.
W-9 or 1099 Address: City, State, and Zip Code:		I N
Phone: () -		
Fax: () -		
Type of Payee (please check one)		
Sole Proprietorship	Partnership Incorporated	
□LLC	Federal Tax Exempt Organization Government Entity	
Other (please specify):		
Purchase Order Information (if a	tifferent from shove	
Address: City, State, and Zip Code:		
Contact Name and Title:		
Phone: () - Email:	Fax: () -	
Email:		5
Remit To Information (if different	from above)	VENDOK NOMBEK
		1 5
Address:		
City, State, and Zip Code: Contact Name and Title:		Į Š
Phone: () -	Fax: () -	E
Email:		
Customer Service Information (if different from above)	
		
Address: City, State, and Zip Code:		
City, State, and Zip Code: Contact Name and Title:		
Phone: () -	Fax: () -	
Email:		$oxed{oxed}$
Updated: 07/29/08	1 of 3	
	1 - 47	

Vendor Form – **Company** – page 2

	LAWRENCE BERKELEY NATIONAL LABORATORY W-9 SUBSTITUTE – VENDOR REGISTRATION FORM
	FOR DOMESTIC COMPANIES ONLY
	Please Print or Type
structions To LBNL Depart fax to (510) 486-5995	use fill out the form and return/fax to the individual requesting it. ment – Please return/fax to: LBNL Accounts Payable Department, PO BOX, Berkeley, CA 94701 albl.gov or call (510) 486-6954.
Product Return In	formation (if different from above)
Address: City, State, and Zip Cod Contact Name and Title	
Phone: () - Email:	Fax: () -
Business Classification	(please check one):
Small State/Local Governm Foreign Contractor	Large Education Federal Agency ment Non-Profit University of California DOE Contractor
Business Status (check	all that apply):
Disadvantaged Veteran-Owned Sma Native American	Women-Owned HUB Zone Small CA Disabled Veteran Service-Disabled Veteran-Owned Small 8a Small Native Am/Alaska Native Group
SUPPU	EMENTAL INFORMATION – ALL VENDORS OR PAYEES
Failure to furnish this i	The information below is requested under U.S. Tax Laws. Information may prevent you from being able to do business with LBNL or may result in having to deduct backup withholding amounts from remittances to you.
U.S. Tax Identification	Number (TIN)
The TIN provided by you individuals, the TIN is you Identification Number (EI	below must match the Name on the IRS Records to avoid backup withholding. For ur Social Security Number (SSN). For other entities, the TIN is your Employer IN).
SSN: -	-
EIN: -	(EIN is also known as Federal Employer Identification [FEIN])

Vendor Form – **Company** – page 3

	GENERALE AND
	LAWRENCE BERKELEY NATIONAL LABORATORY
	W-9 SUBSTITUTE - VENDOR REGISTRATION FORM FOR DOMESTIC COMPANIES ONLY
	Please Print or Type
structions To LBNL fax to (510) 486-59	r – Please fill out the form and return/fax to the individual requesting it. Department – Please return/fax to: LBNL Accounts Payable Department, PO BOX, Berkeley, CA 94701 95 lordesk@lbl.gov. or call (510) 486-6954.
Check the box b	elow that best describes your residency status:
Domestic (U.) Domestic (U.)	S.) sole proprietorship Domestic (U.S.) partnership S.) corporation Domestic (U.S.) other:
Note: Foreign (no Substitute W-8 V	n-U.S.) sole proprietorship, partnership, corporation, other. You will need to complete the endor Form
of the U.S.	lication 515): ietorship, partnership, corporation, other): One that was created or organized in the U.S. or under the laws ietorship, partnership, corporation, other): One that does not fit the definition of a domestic entity
SUBSTITUTE IR	S FORM W-9 CERTIFICATION
Under penalties of pe	arjury, I certify that:
-	n on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to
	I
he Internal Revenue	backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or IRS has notified me that I am no longer subject to backup withholding.
he Internal Revenue dividends, or (c) the 3. I am a U.S. citizen	Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or
he Internal Revenue lividends, or (c) the 3. I am a U.S. citizen slien. 2). A partnersh Certification Instuct sackup withholding tem 2 does not apply contribution to an in-	Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or IRS has notified me that I am no longer subject to backup withholding. The option of the U.S. person (Note: You are considered a U.S. person if you are: 1). U.S. citizen or U.S. resident

3 of 3

Name and title of the individual (please print)

Updated: 07/29/08

Company Vendor Form Information:

Type:

Sole Proprietorship – A sole proprietor is someone who owns an unincorporated business by himself or herself. However, if you are the sole member of a domestic limited liability company (LLC), you are not a sole proprietor if you elect to treat the LLC as a corporation.

Partnership – A partnership is the relationship existing between two or more persons who join to carry on a trade or business. Each person contributes money, property, labor or skill, and expects to share in the profits and losses of the business.

Corporation – In general, a corporation is formed under state law by the filing of articles of incorporation with the state. The state must generally date-stamp the articles before they are effective.

Federal Tax Exempt Organization – Exempt from federal taxes. Documentation supporting the exemption must be provided. To be recognized as exempt from federal income taxation, most organizations are required to apply for recognition of exemption. The IRS will recognize an organization as tax exempt if it meets the requirements of the Internal Revenue Code. See Types of Tax-Exempt Organizations and Publication 557 at WWW.IRS.GOV)

Names:

IRS Name – is the name of the company as registered with the IRS. This name must match with the Tax ID provided on the form. We verify the TIN and name combination with the IRS system. We will not enter the vendor unless the name matches. 1099s will be filed under this name.

DBA Name – This is the name that the company uses for business purposes. It is the name that should be on their invoices. In addition, purchase orders and payments will be addressed to this name.

Address:

We require a 1099 address on the vendor forms. The other addresses are optional. However, we recommend requesting the remittance address in case it is different

from the 1099 address.

Business Classification:

This information is used for sponsor and other reporting for the LBNL to show the percentages of the types of businesses we work with.

HUBZone Small Business – Means a historically underutilized business zone, which is an area located within one or more qualified census tracts, qualified nonmetropolitan counties, or lands within the external boundaries of an Indian reservation. Status as a qualified HUBZone small business concern is determined by the Small Business Administration (SBA) in accordance with 13 CFR part 126. If the SBA determines that a concern is a qualified HUBZone small business concern it will issue a certification to that effect and will add the concern to the List of Qualified HUBZone Small Business Concerns on its Internet website at http://www.sba.gov/hubzone.

TIN Number:

Required for all U.S. vendors

Signature, Dated, Title:

Required for all vendor forms. DO NOT SIGN ON BEHALF OF A COMPANY

NOTE: Do not make any adjustments to the vendor form once it has been signed by someone who is authorized to sign the form. If changes need to be made, the form should be sent back to the vendor

Vendor Form – Foreign – for display purpose only

W-8 SUBSTITUT	ERKELEY NATIONAL LABORATORY TE – VENDOR REGISTRATION FORM	LNBL use only
FOR FOREIGN	COMPANIES & INDIVIDUALS ONLY Please Print or Type	only
estructions To Vendor – Please fill out the form and return structions To LBNL Department – Please return/fax to: 1 fax to (510) 486-5995 uestions: Email <u>vendordesk@lbl.gov</u> or call (510) 486-6	m/fax to the individual requesting it. LBNL Accounts Payable Department, PO BOX, Berkeley, CA 94701	
Name of Individual or Organization (This is th	ne beneficial owner):	
Company DBA Name (Payment will be made		
Country of incorporation or organization (If	U.S.A., please complete LBNL W-9 SUBSTITUTE form):	Ħ
Permanent residence address* (Do NOT use PO City, State, and Zip Code:	D Box):	Z.
hat country's income tax. If you are giving Substitu ncome tax treaty, you must determine your resident of a financial institution, a post office box, or an add who does not have a tax residence in any country, y	in the country where you claim to be a resident for purposes of ute Form W-8 to claim a reduced rate of withholding under an icy in the manner required by the treaty. Do not show the address dress used solely for mailing purposes. If you are an individual your permanent residence is where you normally reside. If you are ce in any country, the permanent residence address is where you	
Type of Payee (Check one)	Type of Payment (For LBNL use only)	
Individual	Honoraria Stipend	
Partnership Corporation	Fee for Service	_
Government Entity	Reimbursement ONLY	EN
Other (Please specify):	Product: Other (please specify):	DO
Purchase Order Information (if different from Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Email:	Fax: () -	VENDOR NUMBER:
Remit To Information (if different from above		
Address:	-	
City, State, and Zip Code:		
Contact Name and Title:		
Phone: () -	Fax: () -	

Vendor Form – Foreign – page 2

LAWRENCE BERKELEY NATIONAL LABORATORY W-8 SUBSTITUTE - VENDOR REGISTRATION FORM FOR FOREIGN COMPANIES & INDIVIDUALS ONLY Please Print or Type Instructions To Vendor - Please fill out the form and return/fax to the individual requesting it. Instructions To LBNL Department - Please return/fax to: LBNL Accounts Payable Department, PO BOX, Berkeley, CA 94701 or fax to (510) 486-5995 [Customer Service Information (if different from above) Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: Product Return Information (if different from above) Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: SUPPLEMENTAL INFORMATION - ALL VENDORS OR PAYEES The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct backup withholding amounts from remittances to you.
Address: City, State, and Zip Code: Contact Name and Title: Product Return Information (if different from above) Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: Product Return Information (if different from above) Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: Product Return Information (if different from above) Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct backup withholding
Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: Product Return Information (if different from above) Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct backup withholding
City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: Product Return Information (if different from above) Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct backup withholding
Address: City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct backup withholding
City, State, and Zip Code: Contact Name and Title: Phone: () - Fax: () - Email: SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct backup withholding
The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct backup withholding
 The income derived in this relationship will be U.S. source income that is effectively connected with the conduct of a trade or business within the United States (see IRS Form W-8SECI) ☐ Yes ☐ No Our company has a U.S. location. ☐ Yes ☐ No
U.S. Taxpayer Identification Number (TIN)
The TIN provided must match the Name on the IRS Record, provided on previous page, to avoid backup withholding. For Individuals, this is your Social Security Number (SSN) or Individual Tax Identification Number (ITIN). For other entities, it is your Employer Identification Number (EIN).
□SSN or □ITIN:
EIN: - (also known as Federal Employer Identification Number)
Foreign tax identifying number, if any:
Jpdated: 07/29/08 2 of 4

Vendor Form – Foreign – page 3



Updated: 07/29/08



LAWRENCE BERKELEY NATIONAL LABORATORY W-8 SUBSTITUTE - VENDOR REGISTRATION FORM

FOR FOREIGN COMPANIES & INDIVIDUALS ONLY

Please Print or Type

Instructions To Vendor - Please fill out the form and return/fax to the individual requesting it.

tructions To LBNL Department – Please return/fax to: LBNL Accounts Payable Department, PO BOX, Berkeley, CA 94701 fax to (510) 486-5995
estions: Email <u>vendordesk@lbl.gov</u> or call (510) 486-6954.
LAIM OF TREATY BENEFITS (IF APPLICABLE)
certify that (check all that apply):
 The benefit owner is a resident of within the meaning of income tax treaty between the United States and that country.
 If required, the U.S. tax payer identification number is stated above in the U.S. Taxpayer Identification Number section.
 The beneficial owner is not an individual, derives the item (or items) of income from which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see IRS Form W-SBEN for information).
 Torm W-SDELY for information). The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see
IRS Form W-8BEN for information). 5. The beneficial owner is related to the person obligated to pay the income within the meaning of section 267 (b) or 707 (b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.
ecial rates and conditions (if applicable, see IRS Form W-8BEN for instructions): The beneficial owner is claiming the ovisions of Article of the treaty identified on line above to claim a% rate withholding on (specify type of some):
come).
xplain the reasons the beneficial owner meets the terms of the treaty article.
ubstitute IRS Form W-8 Certification
instruce IRS Politi w-5 Celtification
nder penalties of perjury, I declare that I have examined the information on the form and to the best of my knowledge and lief it is true, correct, and complete. I further certify under penalties of perjury that:
 I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the income to which this form relates, The beneficial owner is not a U.S. person,
The income to which this form relates is not effectively connected with conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, and
 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
rthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of nich I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the neficial owner.

3 of 4

Vendor Form – Foreign – page 4



LAWRENCE BERKELEY NATIONAL LABORATORY W-8 SUBSTITUTE - VENDOR REGISTRATION FORM

FOR FOREIGN COMPANIES & INDIVIDUALS ONLY

Please Print or Type

Instructions To Vendor - Please fill out the form and return/fax to the individual requesting it.

Instructions To LBNL Department – Please return/fax to: LBNL Accounts Payable Department, PO BOX, Berkeley, CA 94701 or fax to (510) 486-5995

or fax to (510) 486-5995 Questions: Email <u>vendordesk@lbl.gov</u> or call (510) 486-6954.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person or foreign government and, if applicable, obtain a reduced rate of withholding; or establish that the income for which this form is provided is effectively connected with the conduct of a trader or business within the United States

Signature of beneficia	l owner (or individual	authorized to sign for	beneficial owner)	Date

Name and title of individual (please print or type)

Updated: 07/29/08 4 of 4

Foreign Vendor Form Information:

Type of Payees:

Individuals – All nonresident aliens.

<u>Partnership</u> – A partnership is the relationship existing between two or more persons who join to carry on a trade or business. Each person contributes money, property, labor or skill, and expects to share in the profits and losses of the business.

<u>Corporation</u> – A legal entity that has rights usually only reserved for individuals. The primary advantage of a corporation is that it provides its shareholders with a right to participate in the profits without any personal liability.

Other – If other, must complete the description line.

Type of Payments to be made (for LBNL use only):

<u>Honoraria</u> – An honoraria is a payment or an award granted in recognition of a short-term service (such as a lecture or seminar) on which custom or propriety forbids a price to be set. Please review the Laboratory's Honoraria Financial Policies and Procedures.

<u>Stipend</u> – A stipend can either be an allowance to offset certain expenses (such as subsistence or travel) or a payment for services (in certain circumstances, such as an honorarium). It may also be a one time payment or a fixed sum paid periodically (or regularly). A stipend is not to be made in lieu of a salary. Please review the Laboratory's Stipends Financial Policies and Procedures.

Fee for Service – Paying an individual for services rendered.

<u>Reimbursement ONLY</u> – If you are only paying the individual for a travel or expense reimbursement

Product – If buying foreign product, it must be listed on the line.

Other – If the type of payment does not fall within the specified types, please mark "Other".

Name: Name of the individual or organization.

Country: Country of incorporation or organization – Do not abbreviate. If incorporated in the U.S. they should complete a LBNL W-9 Substitute Vendor Registration Form.

Permanent Residence Address: This is the address in the home country of the individual or organization. If the individual is currently in the U.S., the address can be listed as the Remit to information address if this is where they want the payment mailed. **SSN, ITIN, EIN, or Foreign tax identifying number**: All individual vendors must have either a SSN or ITIN before we approve the vendor in the system. An organization may

have an Employer Identification Number (EIN) or a foreign tax identifying number. An individual added without a U.S. TIN will be taxed 38% (30% for Federal and 8% for state) for all services provided in the U.S. if they cannot claim a income tax treaty exemption.

Claim of Treaty Benefits (if applicable): If the individual wishes to claim treaty benefit, this area must be complete.

Signature, printed name, title, and date: Required for all vendor forms, and must be signed by the beneficial owner or individual authorized to sign for beneficial owner. The individual must type or print their name on the second line with their title within the organization.

Note: Do not make any adjustments to the vendor form once it has been signed by someone who is authorized to sign the form. If changes need to be made, the form should be sent back to the vendor for review. Do not sign on behalf of anyone.

Adding a Vendor Address:

Acceptable Documentation

- $\sqrt{\text{Vendor invoice with TIN}}$ and vendor number printed or written on it
- √ Memo on Vendor Letterhead with TIN
- √ Completed & Signed LBNL Vendor form (W-9 or W-8 Substitute)
- $\sqrt{}$ Email from Vendor email address (should be identifiable, Yahoo, MSN, etc NOT acceptable) with address and last 4 digit of its TIN. Please see page 20 for sample.

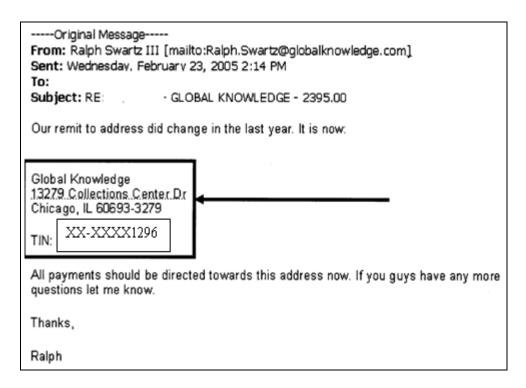
Getting Started

Before requesting a vendor address addition, search the PeopleSoft vendor file for the vendor using its name. If your address is not located under the vendor that appears by that search, then follow the procedures for adding an address.

Note: Addresses are entered daily. If faxed before 12:00PM, Monday – Friday, they are usually entered the same day. If faxed after 12:00PM, they could be entered the next business day.

Example Documentation for Adding an Address

Email:



Note: LBNL policy prohibits PII number to be circulated via email.

Example of Documentation for Adding an Address

Letter with TIN:



Updated New Remit To

For

Dynal Biotech, LLC

Effective Immediately

PLEASE REFERENCE 7HE INVOICE NUMBER WHEN MAKING A PAYMENT!

Check Payment:

Dynal Biotech, LLC P.O. Box 933123 Atlanta, GA 31193-3123

ACH Payment:

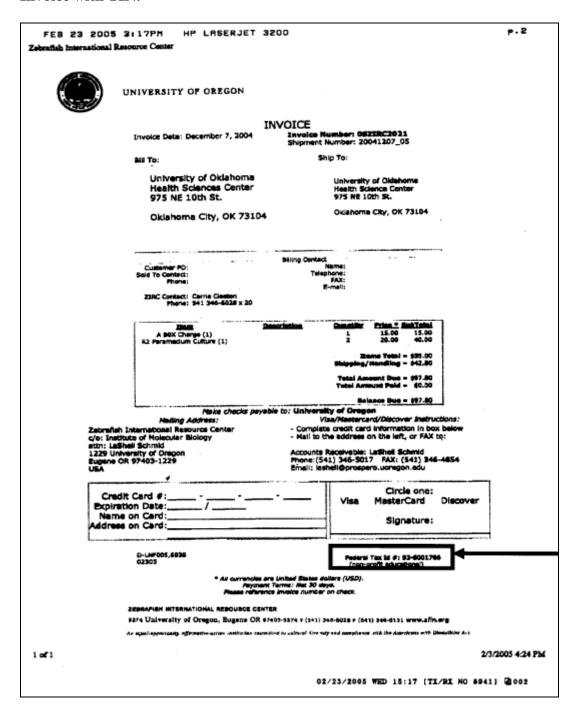
Wachovia Bank
One South Broad Street
Philadelphia, PA 19107
Contact: Mara O'Brien (212)681-3867 or (212)681-3900 Fax
ABA 031 000 503
Account # 2000004736093

Email: <u>Vicki,Linzmeyer@dynalbiotech.com</u> with any questions. Thank you for your business.

DYNAL BIOTECH, LLC
9099 NORTH DEERBROOK TRAIL
BROWN DEER, WISCONSIN 53223
FEI: 20-0833589
PAX: (414) 357-4518
www.synabiotech.com

Example of Documentation for Adding an Address

Invoice with TIN:



Correcting a Vendor Address:

Acceptable Address Corrections

Acceptable address corrections include typos, inverted numbers, and last four digit of the zip code changes. Such corrections do not require a TIN

Getting Started

Email the correction information to vendordesk@lbl.gov. The vendor desk will check the paperwork on file. If the paperwork matches your request, the address will be corrected. If the address in PeopleSoft matches the paperwork on file, the vendor desk will ask you to verify the address with the vendor to determine if it is an addition rather than a correction. If it is an addition, then you need to follow the instructions for adding an address.

Address Addition

A difference to the address is not considered a correction. The vendor desk does not change addresses, we add new ones. If it is a different suite number, apartment number, department number, or street number (2120 University Ave vs. 4034 University Ave), it is an address addition not a correction.

Note: Addresses are corrected daily. If faxed before 12:00PM, Monday – Friday, they are usually entered the same day. If faxed after 12:00PM, they could be entered the next business day.

Vendor Load Process

Regular Vendors and Foreign Vendors

The day the vendor information is approved (new vendors, updates and corrections) in our PeopleSoft system, the vendor is available for use. If you continue to have problems with the vendor not working for more than 2 days, then call AP Vendor desk at 510-486-6954 or email at vendordesk@lbl.gov.

Adding an Employee Vendor:

Employee vendors are added automatically through Human Resources (HR) PeopleSoft system. Therefore, new employees will not have a vendor ID until they are in the HR system. This load is completed on a daily basis.

All appointed full time, part time, and staff are added automatically. If the employee is not appointed, such as temporary, then they will not be added to the vendor file through HR. If this is the case and the Division needs to pay them for employment-related expenses, then follow the Adding a New Vendor procedures.

The day the employee is loaded as a vendor through HR, it is available for use.

If you continue to have problem with an employee vendor not working for more than 2 days, please contact HR department.

Adding/Correcting an Employee Vendor Address:

Employee vendor addresses are added automatically through Human Resources (HR) PeopleSoft system. This load is completed on a daily basis.

If the employee has moved and a new address should be added to their vendor file, this is done by submitting proper HR payroll paperwork to HR for the change in the HR PeopleSoft system.

After the update is made in HR, the address will load into the PeopleSoft vendor file. The new address will <u>replace</u> the old address. Employee vendors do not have multiple home addresses. Each employee will have one home address and one work address in HR PeopleSoft system.

The day the employee address is loaded, the address is available for use.

If you continue to have problems with an employee vendor not working for more than 2 days, please contact the HR department.

Terminated Employees:

When an employee is terminated, their vendor is automatically inactivated.

If you have an employee that is terminated and continue to have an "Approved" vendor status, please contact HR department.

Approving Terminated Employee Vendors

Employee vendors can be re-approved for reimbursement purposes. Employee vendors automatically inactivate on the date of termination, but may have employee related expenses that have not yet been processed. We will approve the vendor for you when proper information is provided. This is for expenses incurred <u>during their employment only</u>. We will not re-approve a vendor for any expenses after employment terminates. You will need to follow the process for adding a new vendor.

Acceptable Documentation for Re-Approving Terminated Employee Vendors

We require an email be sent to vendordesk@lbl.gov requesting the vendor approval.

The email should contain:

- Person's name
- Employee ID
- Date of expense
- Reason for expense

We will check the HR system to verify the dates of employment. After verification, we will re-approve the employee vendor.

Standard Abbreviation List

http://www.lbl.gov/Workplace/CFO/co/ap/

	abbreviations will be used if the company's name is too e company has its own abbreviation, that will be used.	Created: 4/21/2008
AP	ACCOUNTS PAYABLE	T
AR	ACCOUNTS PATABLE ACCOUNTS RECEIVABLE	
ACAD	ACADEMIC	
ACCT	ACCOUNT(S)	
ACCUM	ACCUMULATED	
ADM	ADMINISTRATION, ADMINISTRATORS, ADMINISTRATIVE	
ADOLESC	ADOLESCENCE	
ADV	ADVANCE, ADVANCED, ADVANCES	
AGCY	AGENCY	
ALLOW	ALLOWANCE	
AMB	AMBULANCE	
AMBT	AMBULATORY	
AMER	AMERICA(N)	
APT	APARTMENT(S)	
ARCHIT	ARCHITECTURE	
ASSN	ASSOCIATION	
ASSOC	ASSOCIATE(S)	
ASST	ASSISTANT	
AUTO	AUTOMATED, AUTOMATIC, AUTOMATION	
AUX	AUXILIARY	
AVE	AVENUE	
BD	BOARD(S)	
BDWY	BROADWAY	
BEHAV	BEHAVIOR, BEHAVIORAL	
BIO	BIOLOGY, BIOLOGICAL	
BLDG	BUILDING	
BLVD	BOULEVARD	
BRO	BROTHER	
BROS	BROTHERS	
CAP	CAPITAL, CAPITALIZED	
CATER	CATERING	
CD	CERTIFICATE OF DEPOSIT	
CHEM	CHEMICAL	
CHG	CHARGE(S)	
CIR	CIRCLE	+
CLIN	CLINICAL, CLINIC	+
COLL	COMPANY(IES) COLLEGE(S)	+
COMM	COMMUNICATION(S), COMMITTEES, COMMISSIONS,	+
COMM	COMMUNITY	+
COMP	COMPUTER(S), COMPUTING	+
CONF	CONFERENCE(S)	+
CONST	CONSTRUCTION	+
CONSULT	CONSULT, CONSULTING, CONSULTANT	+
CONTR	CONTRACT(S)	+
CONV	CONVENTION(S)	1
COOP	COOPERATIVE(S)	1
CORP	CORPORATION(S)	
COUN	COUNCIL	1
COUNS	COUNSELORS	
	COURT	

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CUR	CURRENT	
DO	DOCTOR OF OSTEOPATHYRAIL	
D PH	DOCTOR OF PHILOSOPHY	
DBA	DOING BUSINESS AS	
DBTFUL	DOUBTFUL	
DEF	DEFERRED	
DEPR	DEPRECIATION	
DEPT	DEPARTMENT	
DEV	DEVELOP(ER), DEVELOPMENTS, DEVELOPMENTAL	
DIAG	DIAGNOSTIC	
DIR	DIRECTOR(S)	
DIST	DISTRIBUTION	
DIV.	DIVISION	
DPH	DOCTOR OF PUBLIC HEALTH	_
DR	DOCTOR	
DR	DRIVE	
E	EAST	
ED B	BACHELOR OF EDUCATION	
ED D	DOCTOR OF EDUCATION	
EDP	ELECTRONIC DATA PROCESSING	
EDUC	EDUCATION, EDUCATIONAL, EDUCATOR (S)	-
ELEC	ELECTRONIC(S), ELECTRIC, ELECTRICAL	
EMPL	EMPLOYEE	-
ENG	ENGINEER(S)(ING)	
ENT	ENTERPRISE(S)	
ENVIR	ENVIRONMENT(AL)	-
EQUIP	EQUIPMENT (AL)	
EQV	EQUIVALENT	
EST	ESTATE	-
EVT	EVENT(S)	
EXEC	EXECUTIVE	
EXP	EXPENSE(S)	
EXPY	EXPRESSWAY	
EXT	EXTERNAL	
FAB	FABRICATOR(S), FABRICATIONS	_
FAC	FACULTY	
FDTN	FOUNDATION(S)	
FED	FEDERAL FEDERAL	
FIN	FINANCE, FINANCING, FINANCIAL	
FL	FLOOR	
FRM	IFROM	
FRN	IFOREIGN	
FT	FORT	
GEN	GENERAL	
GEO	GEOLOGICAL	
GOVT	GOVERNMENT	
GRAD	GRADUATION, GRADUATE(S)	
	HELD	
HLD	HEALTH	
HLTH HOSP	IHOSPITAL IHOSPITAL	
HOSP HR		
	HUMAN RESOURCES	
HSC	HEALTH SCIENCES CENTER	
HTS	HEIGHTS	
HWY	HIGHWAY	
III	THE THIRD	

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INC	INCORPORATED	
IND	INDUSTRY(IES), INDUSTRIAL	
INFO	INFORMATION	
INST	INSTITUTE(S), INSTITUTIONS, INSTITUTIONAL	
INSTR	INSTRUCTION	
INSTR	INSTRUMENT(S), INSTRUMENTAL	
INSUR	INSURANCE	
INT	INTEREST	
INTL	INTERNATIONAL	
IS	ISLAND	
JCT	JUNCTION	
JNL	JOURNAL	
JR	JUNIOR	
LAB	LABORATORY(IES)	
LIAB	LIABILITY	
LIB	LIBRARY(S)	
LK	LAKE	
LLC	LIMITED LIABILITY COMPANY	
LN	LANE	
LTD	LIMITED	
M SC	MASTER OF SCIENCE	
MACH	MACHINE(S)	
MAINT	MAINTENANCE	
MAND	MANDATORY	
MBA	MASTER OF BUSINESS ADMINISTRATION	
MD	DOCTOR OF MEDICINE	
MDS	MASTER OF DENTAL SURGERY	
MECH	MECHANICAL	
MED	MEDICINE, MEDICAL	
MFG	MANUFACTURE(S), MANUFACTURER, MANUFACTURING	+
MGMT	MANAGEMENT	
MISC	MISCELLANEOUS	
MKT	MARKET(S)	+
MKTG	MARKETING	
MT	MOUNT	+
MTG	MEETING(S)	+
MTN	MOUNTAIN	+
	NORTH, NORTHERN	+
N NAT	NATURAL	
NATL	NATIONAL	_
NATE NE	NORTHEAST, NORTHEASTERN	+
NW NE		
	NORTHWEST, NORTHWESTERN	+
OFC	OFFICE(S)	+
OKLA	OKLAHOMA	
	Y OKLAHOMA CITY	
OPS	OPERATIONS	
ORG	ORGANIZATION(S), ORGANIZATIONAL	
OTH	OTHER(S)	
PAY	PAYABLE	
PR	PAYROLL	
PERS	PERSONAL, PERSONNEL	
PETRO	PETROLEUM	
PH	PENTHOUSE	
PH B	BACHELOR OF PHILOSOPHY	
PHC	PHARMACEUTICAL CHEMIST	

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PHOTO	PHOTOGRAPH(S), PHOTOGRAPHIC, PHOTOGRAPHER(S)	
PHYSN	PHYSICIAN	
PKWY	PARKWAY	
PL	PLACE	
PLZ	PLAZA	1
PMT	PAYMENT(S)	1
PRIV	PRIVATE	1
PROD	PRODUCT(S), PRODUCTION(S)	
PROF	PROFESSIONAL	
PROG	PROGRAM(S), PROGRAMMING	†
PROJ	PROJECT(S)	1
PRTG	PRINTING	+
PNT	PATIENT	1
PTY	PROPRIETARY LIMITED COMPANY, PROPRIETARY	+
PUB	PUBLIC	+
PUBL	PUBLICATION(S), PUBLISHER (S), PUBLISHING	+
RD	ROAD	+
RDG	RIDGE	+
RECV	RECEIVABLE	+
REHAB	REHABILITATION	+
RES	RESEARCH	+
RSTD	RESTRICTED	+
REGIS	REGISTER, REGISTRATION	+
REP	REPRESENTATIVE	+
REPS	REPRESENTATIVES	+
RET	RETIREMENT(S)	+
REV	REVENUE	+
RM	ROOM	+
RR	RURAL ROUTE	+
RSV	RESERVE	+
RT	ROUTE	+
S	SOUTH, SOUTHERN	+
SCHOLAR	ISCHOLARSHIP	+
SCHOLAR	SCIENCE(S), SCIENTIFIC	+
SE	SOUTHEAST, SOUTHEASTERN	+
SEC	ISECTION	+
SNT	SAINT	+
SOC	SOCIETY	+
SPLY	SUPPLY, SUPPLIES, SUPPLIERS	+
SQ	SQUARE	+
SR	SENIOR	+
ST		+
	STATE(S)	+
ST STA	STREET PETATION(S)	+
STA	STATION(S)	+
STE	SUITE(S)	+
SUR	SURGERY, SURGICAL	
SVC	SERVICE(S)	
SW	SOUTHWEST, SOUTHWESTERN	
SYS	SYSTEM(S)	
TECH	TECHNICAL, TECHNOLOGY(IES), TECHNOLOGICAL	
	TELECOMMUNICATION(S)	
TER	TERRACE	
THERAP	THERAPISTS, THERAPY, THERAPEUTIC	
TPKE TRANS	TURNPIKE	
	TRANSPORTATION	

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TRL	TRAIL	
TRNG	TRAINING	
TRV	TRAVEL	
UNIV	UNIVERSITY	
UNLTD	UNLIMITED	
US	UNITED STATES	
USA	UNITED STATE OF AMERICA	
VA	VETERANS AFFAIRS	
VLY	VALLEY	
W	WEST, WESTERN	
XFR	TRANSFER	
YD	YARD(S)	
	-	

Checklist for Setting Up a New Vendor

Summary

This document is a summary of what you will need to get started with either requesting a vendor change to the FMS database or establishing a new vendor in the FMS database. All necessary forms and instructions are on the AP Website.

All necessary forms and instructions are on the AP Website.
Searching for an existing vendor by name in PeopleSoft Check to see if the vendor is currently set up in FMS by searching the vendor by name in PeopleSoft using the procedures on the AP Website. Pages 1 through 9 walk you through what to look for in FMS. It is located here. http://www.lbl.gov/Workplace/CFO/assets/docs/co/ap/VendorProceduresPeopleSoft8dor8.pdf
Adding a New Vendor Address If you are adding a new address to a vendor you need to provide to AP one of the following: (page 19 of procedures, examples of acceptable documentation on pages 19-22)

Note: Returned forms can be submitted by FAX or hard copy. In some cases, email is acceptable. No in-house email exchanges with SSNs or Individual Taxpayer Identification Number (ITIN), if documents contain these, then fax or mail to AP.

New Foreign Vendor
Send vendor welcome letter
Send vendor LBNL W-8 (TIN for foreign)
If faxing the documents use the Fax Cover Sheet on the AP website
Review returned forms from vendor and ensure accuracy prior to forwarding to AP
Note: Returned forms can be submitted by FAX or hard copy. In some cases, email is
acceptable. No in-house email exchanges with SSNs or Individual Taxpayer
Identification Number (ITIN), if documents contain these, then fax or mail to AP
Von den Emmlenees
Vendor Employees
All employees are added as vendors automatically via the Human Resources system
(HRIS)
http://www.lbl.gov/Workplace/CFO/assets/docs/co/ap/VendorProceduresPeopleSoft8dot
<u>8.pdf</u> (refer to page 23-25 of 31)
Sometimes terminated employee vendors will need to be activated to reimburse for items
of expense incurred prior to the termination date. AP will need an email from HR,
Division, or Procurement to the vendor desk at vendordesk@lbl.gov that contains the
following:
Name
Employee ID
Date of Expense
Type of Expense (reason for expense)