VENDOR PROFILE INSTRUCTIONS

(To request a vendor number as an individual in the UGA database)

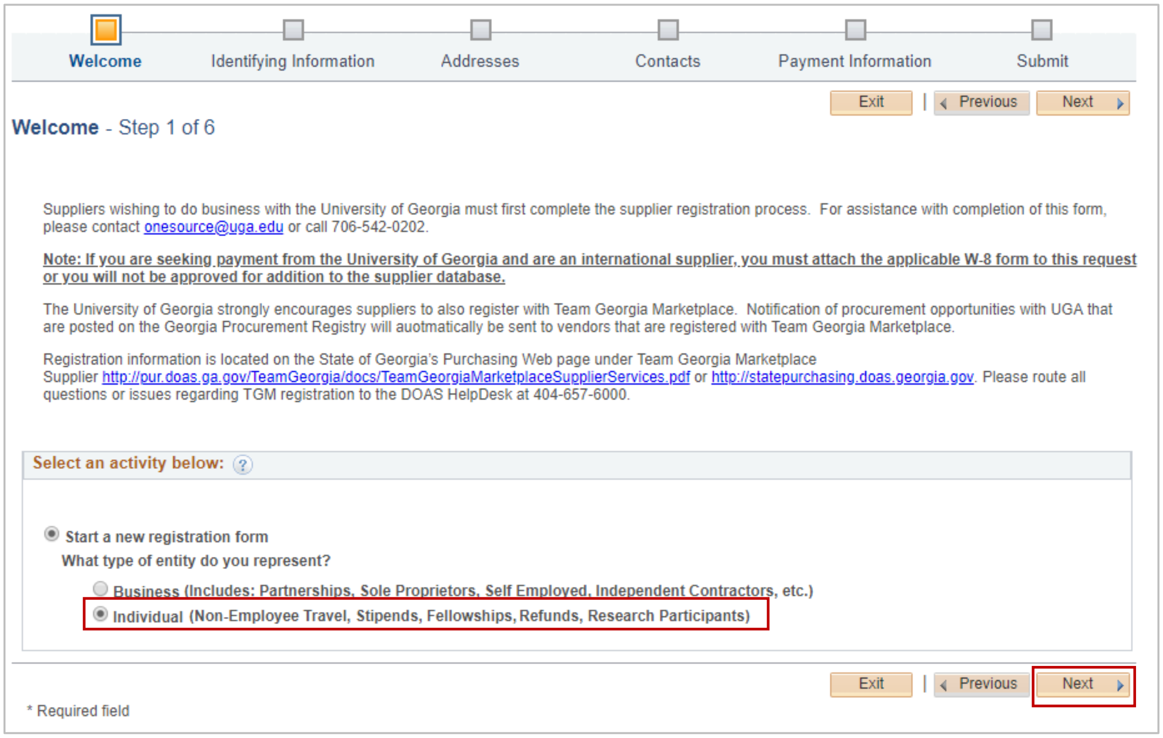
Creating a UGA Vendor Profile

If you have not previously done so, you will need to set up a vendor account with UGA in order to be reimbursed. If you have forgotten your vendor number, please contact UGA IDM (coalitionsupport@uga.edu) and they can send it to you.

Please go to the following webpage and follow the on screen instructions: https://suppliers.uga.edu

PAGE 1

Select the entity represented – **Individual**. **Click Next.**


Welcome | Identifying Information | Addresses | Contacts | Payment Information | Submit

Exit | Previous | Next

Welcome - Step 1 of 6

Suppliers wishing to do business with the University of Georgia must first complete the supplier registration process. For assistance with completion of this form, please contact onesource@uga.edu or call 706-542-0202.

Note: If you are seeking payment from the University of Georgia and are an international supplier, you must attach the applicable W-8 form to this request or you will not be approved for addition to the supplier database.

The University of Georgia strongly encourages suppliers to also register with Team Georgia Marketplace. Notification of procurement opportunities with UGA that are posted on the Georgia Procurement Registry will auotmatically be sent to vendors that are registered with Team Georgia Marketplace.

Registration information is located on the State of Georgia's Purchasing Web page under Team Georgia Marketplace Supplier http://pur.doas.ga.gov/TeamGeorgia/docs/TeamGeorgiaMarketplaceSupplierServices.pdf or http://statepurchasing.doas.georgia.gov. Please route all questions or issues regarding TGM registration to the DOAS HelpDesk at 404-657-6000.

Select an activity below:

Start a new registration form

What type of entity do you represent?

Business (Includes: Partnerships, Sole Proprietors, Self Employed, Independent Contractors, etc.)

Individual (Non-Employee Travel, Stipends, Fellowships, Refunds, Research Participants)

Exit | Previous | Next

* Required field

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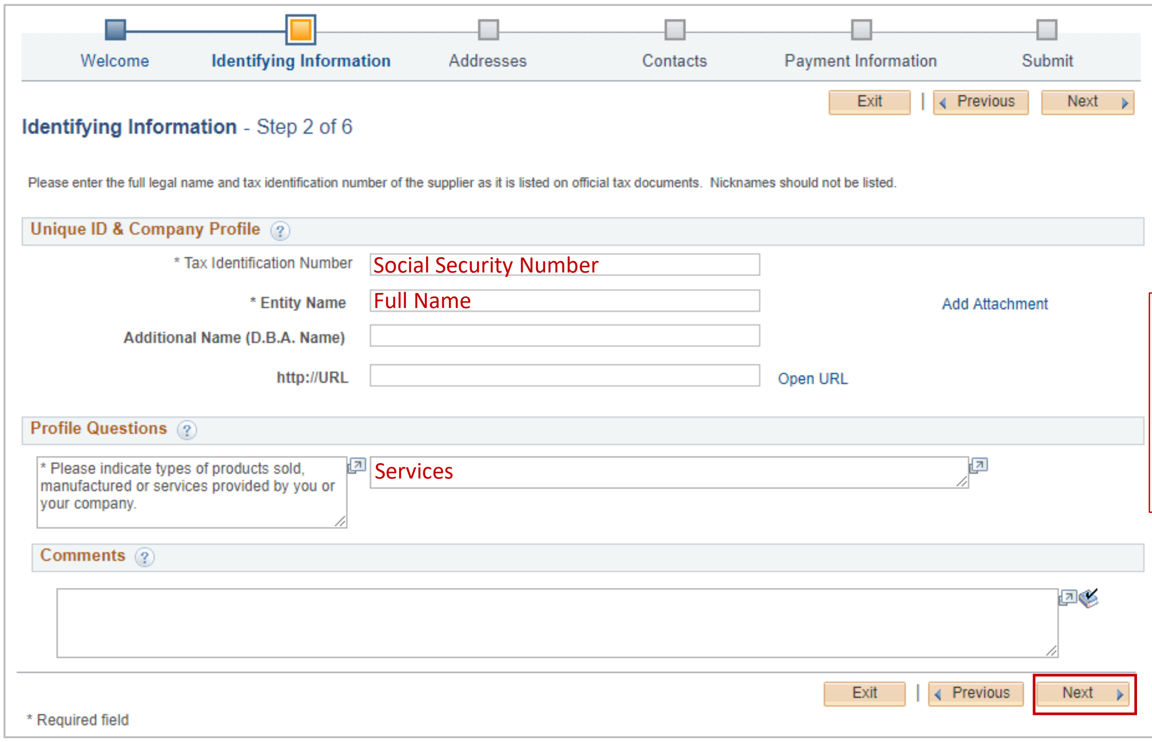
Not all fields have to be completed. Only the following fields are required:

- **Tax Identification Number**: Enter Social Security Number
- **Entity Name**: Enter Your Full Name
- **Profile Question**: Enter the word 'Services' into the profile question text box. *Note: no need to list any particular services, the word 'Services' will suffice.*



Enter your SSN, Name, and answer Profile Question – the other boxes in section one may remain blank.

Click Next.

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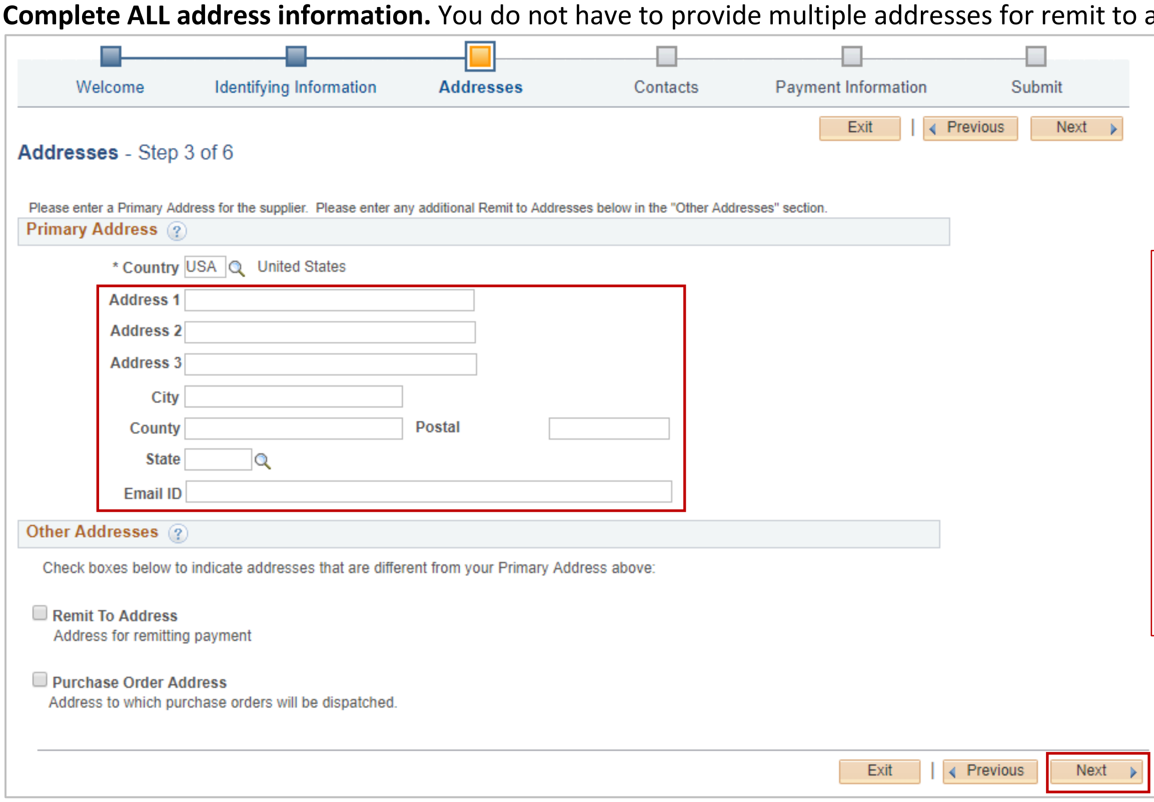
Complete ALL address information. You do not have to provide multiple addresses for remit to and/or purchase order address.



Complete ALL address information – this tells our accounts payable office where to mail your reimbursement check. Home addresses are preferred.

Email ID should be an email address that is preferred for communication.

Click Next.

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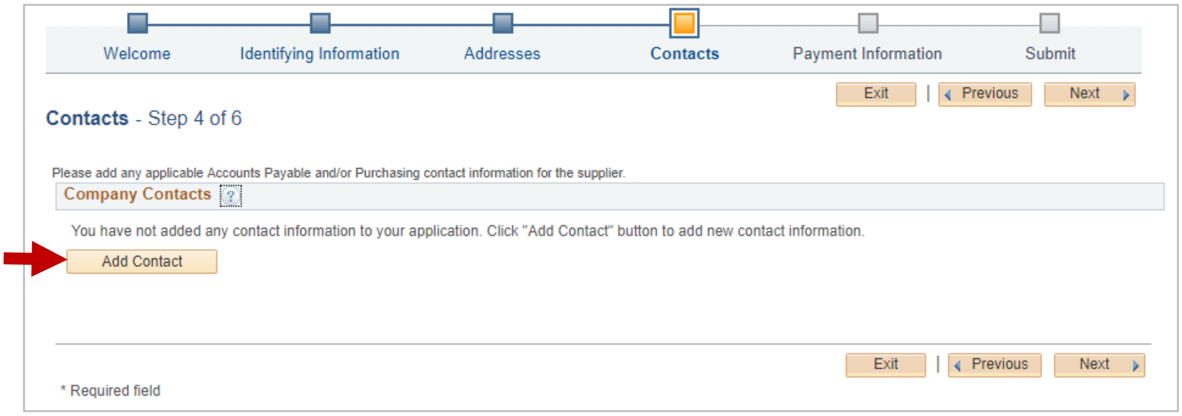
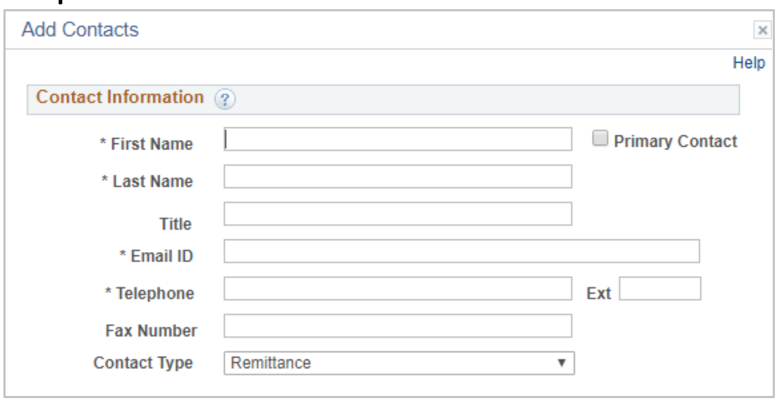
Click Add Contact. A new window will appear.



Complete ALL contact information. Items marked with an asterisk are required. You do not have to change the contact type.

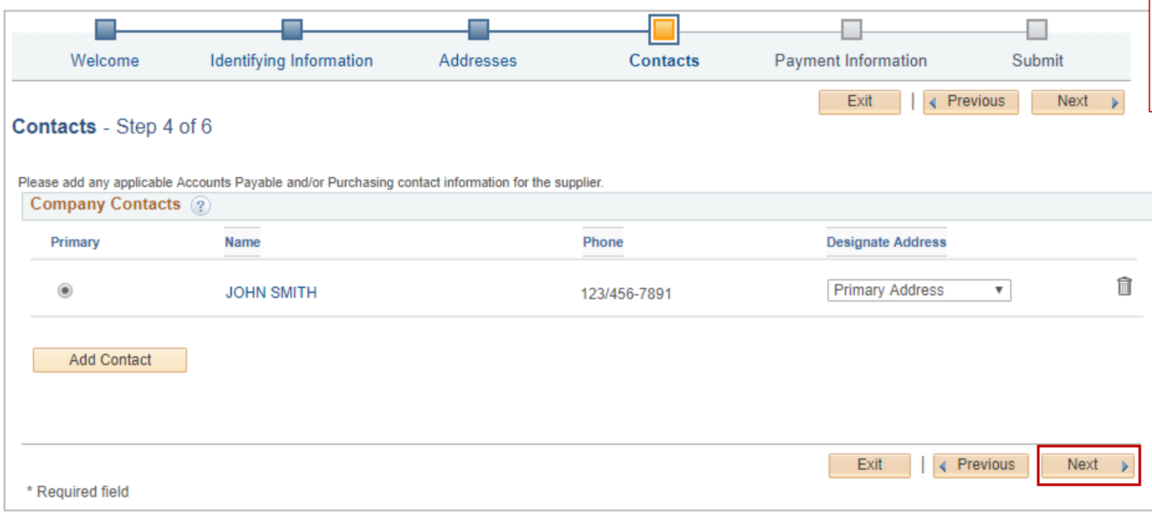


Complete ALL contact information – this tells our accounts payable office how to contact you with any questions. Email ID should be an email address that is preferred for communication.

Click Ok.

The Add Contact window will disappear.

Click Next.



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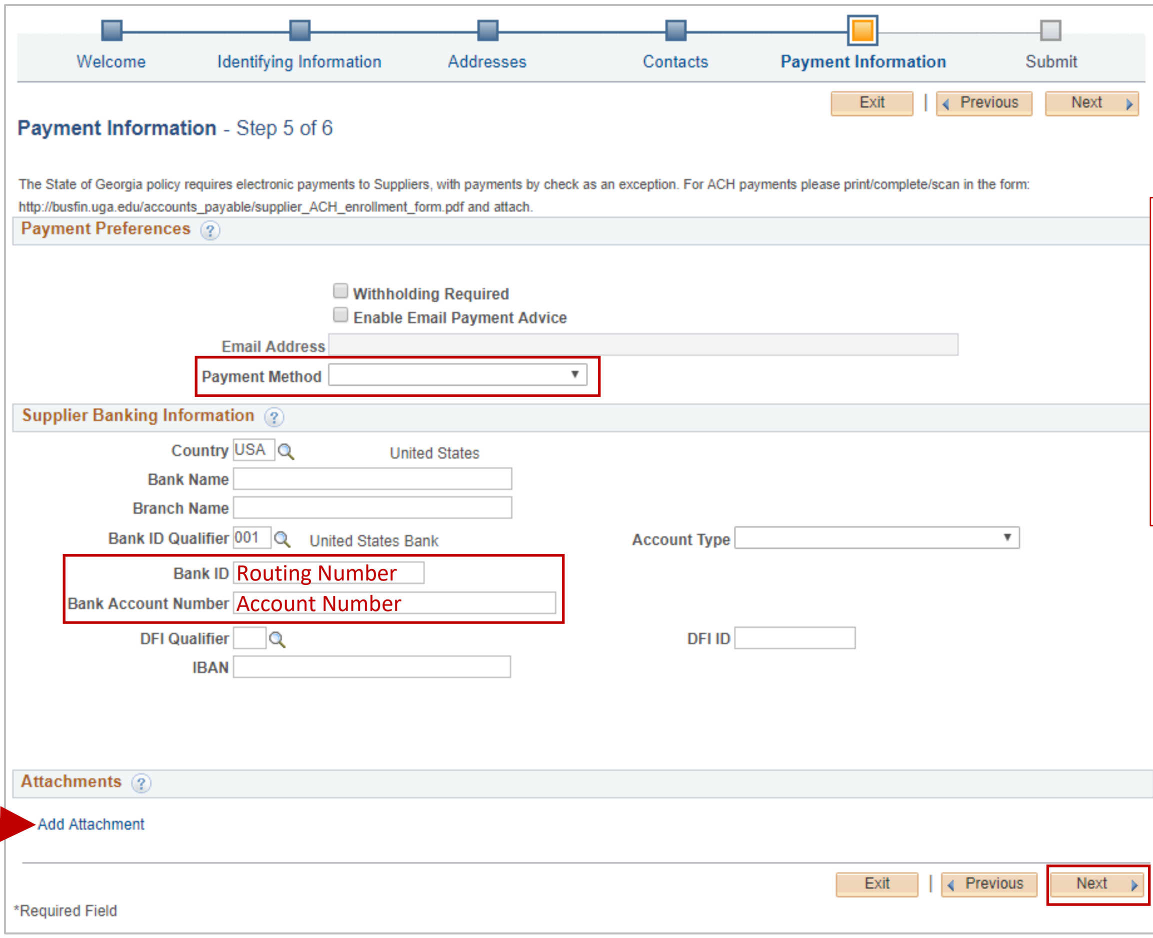
There are two methods to get reimbursed – **Automated Clearing House** (ACH, direct deposit) or **System Check** (paper check) Select your preference from the **Payment Method** drop-down menu.

If you choose **System Check**, leave remaining fields blank and click **Next** to continue.

If you choose the **Automated Clearing House** option, you will need to **enter in your Bank ID (routing) number and your Bank Account Number.** No other fields are required. You will, however, need to print, complete, and scan an additional form found here and attach it to this page using the **Add Attachment** link at the bottom of this page *(see form instructions below)*.

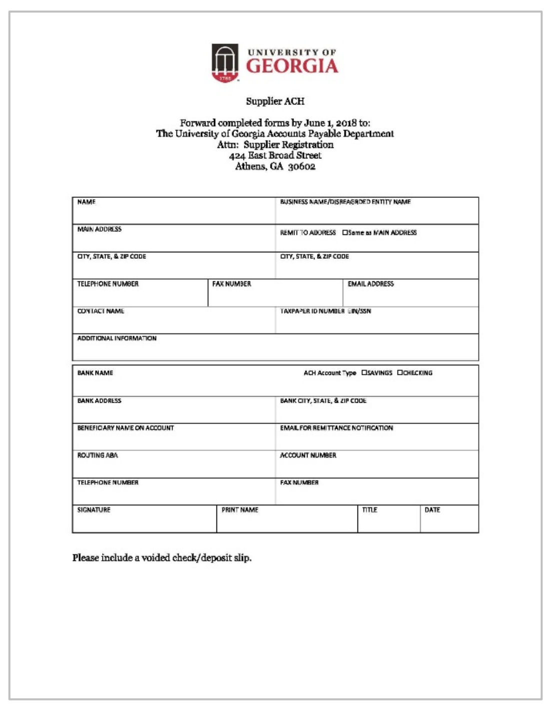


If you are a withholding or 1099 supplier, select the **Withholding Required** check box. (Typically, this is left unchecked.)

Enable Email Payment Advice should be checked if you wish to receive payment stubs via email. Provide an email address in the space provided.

If choosing the **Automated Clearing House** option, you will need to complete the **Supplier ACH form** (shown right). The form can be found online here. Please complete the form, sign in the appropriate place, scan it, and attach it to the **Payment Information** page using the **Add Attachment** link (shown above). Be sure to also scan and attach a voided check/deposit slip.

Click Next.



UNIVERSITY OF GEORGIA

Supplier ACH

Forward completed forms by June 1, 2018 to:
The University of Georgia Accounts Payable Department
Attn: Supplier Registration
424 East Broad Street
Athens, GA 30602

NAME	BUSINESS NAME/DISREAGRDED ENTITY NAME	
MAIN ADDRESS	REMIT TO ADDRESS ☐Same as MAIN ADDRESS	
CITY, STATE, & ZIP CODE	CITY, STATE, & ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
CONTACT NAME	TAXPAYER ID NUMBER EIN/SSN	
ADDITIONAL INFORMATION		

BANK NAME	ACH Account Type ☐SAVINGS ☐CHECKING		
BANK ADDRESS	BANK CITY, STATE, & ZIP CODE		
BENEFICIARY NAME ON ACCOUNT	EMAIL FOR REMITTANCE NOTIFICATION		
ROUTING ABA	ACCOUNT NUMBER		
TELEPHONE NUMBER	FAX NUMBER		
SIGNATURE	PRINT NAME	TITLE	DATE

Please include a voided check/deposit slip.

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Ensure your email address is correct and **click accept**. Submit application once completed.

Ensure email address is correct.

CLICK ACCEPT.

CLICK SUBMIT.

After your profile is processed, you will be issued a vendor number. This number should be included on UGA reimbursement paperwork in the future. If you forget or lose your vendor number, contact UGA IDM (coalitionsupport@uga.edu) and they can look it up for you.