



SFMA VENDOR TRAINING MANUAL Updated 2018

Department of Administrative
Services-SFMS

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Signature Authority Form-SFMS Responsibility

- SFMS Vendor Desk will validate each faxed or e-mailed authorized signature against the agency signature form before SFMS staff will re-activate or change a vendor
- SFMS Vendor Desk will validate each agency staff name on the system (SFMA) against the authorized signature form listing before SFMS staff will activate an addition to the vendor profile

Agency Responsibility

- Fill out the authorized signature form and return to SFMS at the address provided on the form. Only forms with original signatures will be accepted. Please do not email or fax the form to us.
- Later changes to the signature forms can be sent to SFMS as an add and/or delete to the existing form on file
- These forms will need to be reviewed by the agencies annually. If no changes are required, the date can be updated on the previous signature form by the vendor desk if an email is sent confirming there are no changes by the Manager.

DAS/EGS/FBS/SFMS Operations
Vendor Desk
155 Cottage ST NE
Salem, OR 97301 3963

Date: _____



SIGNATURE AUTHORITY FOR SFMA VENDOR REQUESTS

The individuals below are authorized by our agency to request vendor information Emailed* or faxed as well as keyed into SFMA for new additions, re-activations and Changes to R*Stars and ADPICS 51, 52, 5200 and 5150 screens. The following Signatures will be verified against all emails and faxes requesting changes to vendor information:

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Agency name: _____

Agency #: _____

Manager Name: _____

Manager Signature: _____

Manager phone #: _____

*SFMS will not accept emails containing social security numbers. These requests must be received by fax.

SFMA Vendor Change Request Form Instructions

- Please make sure you have verified all information you are changing, adding etc. with the vendor
- Boxes to check for Profile changes:

Activate: Mark this box if you are requesting a profile that is currently in “I” status to be active. If the profile is in “I” status, give an explanation at the bottom of the form why it needs to be activated.

Inactivate: Mark this box if you are requesting a profile that is in “A” status to be inactive. At the bottom of the form please give an explanation why it is being inactivated.

SFMA Vendor Change Request Form Instructions Continued

Change: Mark this box to make a change to any field on the profile. If you are planning on changing the vendor name or number you will need to supply the vendor name and number that are already on the profile in the appropriate fields. In the Request Explanation or Details field at the bottom of the page put the new name or number you are requesting to change it to. The vendor desk will do a Tin Match with IRS. If the name and number combination are a match we will make the change.

Add ADPICS: If you go to ADPICS and do not find the profile you need and you have checked that it is already in R*STARS you will not be able to add this profile yourself. Request this profile be added by filling out the information on this form. Please fill out all fields. Vendor name and number, address etc.

SFMA Vendor Change Request Form Instructions continued

If the information does not match the R*STARS profile please check with the vendor to make sure the information on R*STARS is still current. If information is not current changes will need to be made to R*STARS. If information is current on R*STARS and the information you were provided is also current than a main profile will need to be set up in ADPICS along with a mail code for your new and additional location.

“Vendor Name” is a required field. To make a change to the vendor name use the box at the bottom of the form “Request explanation or details”.

SFMA Vendor Change Request Form Instructions Continued

Do not send a W9 form to make changes to a profile including address changes

The Vendor change Request form is required for all changes to profiles such as name, vendor number, address, phone, fax, email, etc. This form can be used for these same changes to ACH vendors with the exception of vendor name or vendor number. Vendor name and Vendor number changes on a direct deposit profile must be made on the ACH Change Request form filled out by the vendor and then the original form sent to the ACH Coordinator.

SFMS will now accept electronic signatures by email. The email must be from the same person whose name is on the attached form. Agencies will not need to manually sign the form prior to emailing. Faxed forms will still need to be manually signed.

SFMA Vendor Change Request Form

Date

* Required fields on all requests.

* Agency Number Agency Name

* Agency Contact Name Agency Contact Number

Agency Contact Signature

I have verified these requested changes with the vendor.
Note: Signature not required if form is emailed by an approved requestor.

Activate Inactivate Change Additional Info Add to ADPICS

* Vendor Number Mail Code

* Vendor Name

Search Names

Address Line 1

Address Line 2

Address Line 3

Address Line 4

City State Zip

Vendor Contact

Telephone Fax

PDT (if employee) Email

* Required fields on all requests.

Explanation and/or
Details of Request

See back of form for detailed instructions.

Adding A New Vendor

- Log on to the mainframe E23
- Before adding any new vendor check the 3A screen to verify that the vendor is not already on R*STARS
- Search by last name comma, first name for individual or at least the 1st three letters of the business name
- Make sure vendor is not already on the system, SFMA allows duplicate vendor names but not duplicate vendor #'s
- Make sure vendor is not under a different vendor number. You can check the 3N to see if its under a different name.

Adding A New Vendor Continued

- Check for duplicate addresses
- If vendor is not already found on 3A screen enter the new vendor
- Add all new vendors on the 52 profile. Mailcode 000 on the 51 profile will be automatically added by the system.
- When entering addresses try to abbreviate. Example: Street “St”, Road “RD”, Highway “HWY”
- When using “in care of” on the 1st line of address use the % on your keyboard instead of C/O

S03A UC: 04

STATE OF OREGON

3A Screen

VENDOR ALPHA INQUIRY

SELECT VENDORS FROM: **S** (S=SYSTEMWIDE, A=AGENCY)

SEARCH NAME: **JONES,ROBERT**

AGY:

VENDOR TYPE:

S VENDOR NO / MC SC PDT VENDOR NAME

ADDRESS

1OR000XXX 000 A MA ROBERT C JONES

3454 30TH AVE NE

3543210001 000 A MA **ROBERT W JONES**

PO BOX 744

*****3A screen –Check before adding new Employee*******

Z36 RECORD(S) RECALLED - END OF LIST

F1-HELP F7-PRIOR PAGE F8-NEXT PAGE F9-INTERRUPT ENTER-INQUIRE
CLEAR-EXIT

Adding Employees-Check

3A

- Enter employee ID# OR beginning with 1 in the field that says vendor #
- The payroll department can supply you with the number if you don't have it
- Name Control field contains the 1st four letters of the last name
- Enter the 1st name of the employee, middle name or int'l if you have it and then the last name in the field that says Vendor Name
- Tab 3 times to the fourth search field and type the last name followed by a comma, no more than 13 char, the first name followed by a comma, no more than 10 char and then the middle name or initial , no more than 7char
- Note: The last and first name must be followed by a comma

Employees Continued

- 1099 IND is “N”, FEI/SSN will be “O”, Reason Code “ADD”, Vendor Type “1” and Ownership Code will be “E”
- Type in the address
- PO Boxes must be on the line after any physical address
- Type the city, state and zip code in the correct fields

Employees Continued

- If you have a message or important information, you can enter it in the “Vendor Contact” field
- Enter employees phone # if available
- Enter your agency #
- Enter **your** name in the “contact” field, enter your agency phone #
- Note: “Vendor contact” field and “Contact” field are two different fields.
- NOTE: An employee may have more than one address. This will probably be an office address and a home address. You will need to set up a mail code 001 on the 51 screen for the additional address if this is where you may want payments to go. In the VENDOR CONTACT field you need to type a message that says office address or home address which ever is the case on both the 52 and the mailcode 001 51 screen. Employees should be signed up to receive their payments direct deposit. This saves the state money.

S051 VER 2.0 STATE OF OREGON
LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO:**1OR0022222** ROBIN L SMITH
MAIL CODE: **001** NAME: **ROBIN L SMITH**
SEARCH NAMES: ROBIN L SMITH

SMITH,ROBIN,L

ADDRESS: **6080 DOVE LN SE**

CITY: **SALEM** ST:**OR** ZIP:**97302**
COUNTRY: REGION: TAX RATE:
UPDATE REASON: **ADD** OWNERSHIP CODE: **E** LICENSE:
VENDOR CONTACT: **HOME ADDR OR ADDT'L LOC** FAX:
TELEPHONE: **503 363 1022** EXT: ALT VEND NAME: LTR DATE:
PDT:MA EMAIL: PNI:
AGY:**257** CONTACT: **NICKY RULE** PHONE: **503 378 3725**
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: **R**
EFF START DATE: 08312006 EFF END DATE: LAST PROC DATE: 08312006

S03A UC: 04 STATE OF OREGON VENDOR ALPHA INQUIRY
SELECT VENDORS FROM: **S** (S=SYSTEMWIDE, A=AGENCY)
SEARCH NAME: **SMITH, MICHAEL** AGY: VENDOR TYPE:

3A
Screen

S	VENDOR NO / MC SC	PDT	VENDOR NAME	ADDRESS
	3543210001 000 I MA		MICHAEL A SMITH	SUN GUARD WINDOW TIN
	3540010003 000 A MA		MICHAEL C SMITH	587 WHITESTONE
	4534010099 000 A MA		MICHAEL SMITH	909 SE STRATFORD CT
	1OR0000000 001 MA		MICHAEL R SMITH	%OR DEPT OF FORESTRY 1055 AIRPORT RD

******3A screen-Check before adding new individual W/SSN******

Z36 RECORD(S) RECALLED - END OF LIST

F1-HELP F7-PRIOR PAGE F8-NEXT PAGE F9-INTERRUPT ENTER-INQUIRE CLEAR-EXIT

Adding Individuals With SSN-Check 3A

- In the vendor number field type a 3 and then the Social Security #
- Name Control field is the 1st four letters of the last name
- Vendor Name is, 1. The first name 2. Middle name or initial if you have it, 3. Last name
- Tab to the fourth search name field and type last name no more than 13 char followed by a comma, first name no more than 10 char followed by a comma, middle name or initial no more than 7char
- Note: In the fourth search field a comma must follow the last and first name

Individual W/SSN

Continued

- 1099 IND “Y”, FEI/SSN will be “S” for SSN, Reason Code “ADD”, Vendor Type “8” and Ownership Code will be “I”
- Type in the address, City, State and Zip
- Type in a message on the vendor contact line if needed
- Type in the vendors phone #
- Type in your agency number where it says AGY
- Type your name where it says Contact and your phone #

S052 VER 2.0

STATE OF OREGON

LINK TO: SYSTEMWIDE VENDOR PROFILE

VENDOR NO: **3555115597** NAME CONTROL: **STRA**

VENDOR NAME: **MARCIA KAY STRADER**

SEARCH NAMES: MARCIA KAY STRADER

STRADER,MARCIA,KAY

ALT VENDOR/FID: 1099 IND: **Y** FEI/SSN IND: **S** REASON CODE: **ADD**

VENDOR TYPE: **8** OWNRSHP CD: **I** TIN Match: TIN:

ADDRESS: **1220 Pacific Ave**

CITY: **THE DALLES**

ST: **OR** ZIP: **97058**

CNTRY:

VENDOR CONTACT: **Sep 10R0000555**

TAX OFFSET EXMPT: **N**

TELEPHONE: **541 478 2112** EXT: FAX:

HOLD RSN:

PDT: MA EMAIL:

PNI:

AGY: **629** CONTACT: **TAMMY MARTIN**

PHONE: **503 373 1044**

DIR DEP DATE:

ABA NUMBER: ACCT NO/TYPE:

FORMAT:

W9 REQUEST DATE: BU/WH EFF DATE:

STATUS CODE: **R**

EFF START DATE:08292006 EFF END DATE:

LAST PROC DATE:08292006

*****this is what the profile looks like when you enter it*******

S052 VER 2.0 STATE OF OREGON

LINK TO: SYSTEMWIDE VENDOR PROFILE

VENDOR NO: **3559710001** NAME CONTROL: **STRA**

VENDOR NAME: **MARCIA KAY STRADER**

SEARCH NAMES: MARCIA KAY STRADER

STRADER,MARCIA,KAY

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: **S** REASON CODE: **ADD**

VENDOR TYPE: **8** OWNRSHP CD: **I** TIN Match: TIN:

ADDRESS: **1220 Pacific Ave**

CITY: **THE DALLES** ST: **OR** ZIP: **97058**

CNTRY:

VENDOR CONTACT: **SEP 1OR0000555**

TAX OFFSET EXMPT:

N

TELEPHONE: **541 478 2112** EXT: FAX: HOLD RSN:

PDT: MA EMAIL:

PNI:

AGY: **629** CONTACT: **TAMMY MARTIN**

PHONE: **503 373 1044**

DIR DEP DATE:

ABA NUMBER: ACCT NO/TYPE: FORMAT:

W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: **R**

EFF START DATE:08292018 EFF END DATE: LAST PROC

DATE:08292018

****this is what the profile looks like after you F10 to save and number is
changed to algorithm*******

S03A UC: 04 STATE OF OREGON VENDOR ALPHA INQUIRY
SELECT VENDORS FROM: **S** (S=SYSTEMWIDE, A=AGENCY)
SEARCH NAME: **LUMBERMENS** AGY: VENDOR TYPE:

3A Screen

S	VENDOR NO / MC	SC	PDT	VENDOR NAME	ADDRESS
	1361410470	008 A	MA	LUMBERMENS MUTUAL CASUALTY CO	% GALLAGHER BASSETT 4550 KRUSE WAY PL BL
	1430799570	001 I	MA	LUMBERMENS UNDERWRITING ALLIANC	1842 NW CORPORATE BL
	1430799570	000 A	MA	LUMBERMENS UNDWRITING ALLIANCE	1905 NW CORPORATE BL
	1910548364	001 A	MA	PROBUILD INC	BLDG CENTERS PO BOX 507
	1910548364	003 A	MA	PROBUILD INC	PO BOX 595
	1910548364	013 A	MA	PROBUILD INC	PO BOX 1228
	1910548364	019 A	MA	PROBUILD INC	BLDG CENTERS 81054 HWY 395 N

Z06 RECORD SUCCESSFULLY RECALLED

******3A screen-check 3A screen before adding a new federal tax Id# (business, etc)*******

Adding A Business- Check 3A

- In the vendor # field type a “1” and then the FEIN (No SSNs allowed)
- Name Control is the 1st four letters of the business name. Do not use “The” in the name control unless the business name is only **two words**. The Pickle should be “THEP”, The Pickle Barn should be “PICK”
- “&” and “–” are the only other characters accepted
- Tab once to the 2nd search field
- Type the first five characters of the name a space and then the zip code space and the extension if available

Business Continued

- If the name of a company is Law Centers the 2nd search field would look like this “LAW C 97301”
- If the name of a company is Mike Towing it, will look like this “MIKE 97301”. Two spaces would follow “MIKE”
- If the name of a company is Law & Order Centers, it will look like this “LAW & 97301”
- If the name of a company is Michaels Crafts, it will look like this “Micha 97301”.

Business Continued

- If the business has a “doing business as” name called a DBA, you may enter that name in the 3rd search field. If more than one DBA you may also use the 4th search field.
- You may enter the DBA on the 1st line of the address, or if the payment needs to be issued in the DBA name only, you can enter an additional mail code for the vendor number on the 51 screen. If you are going to enter an additional mail code using the dba the vendor desk will do a Tin Match to see if it matches IRS records. If the DBA matches, the “Alt Vendor Name” Field will be coded with a “V” and the “LTR DATE” field will be coded with the current date. If it does not match IRS records a W9 form from the vendor will need to be provided as authorization to use this different name. The agency is responsible for obtaining the W9 for DBA authorization.
- The 1099 IND is “Y”, the FEI/SSN is “F”, the Reason Code is “ADD” Vendor Type is “8” and the Ownership Code is “I”

Business Continued

- Type in the address (remember PO Boxes follow physical addresses) Do not use punctuation. Type the city, state and zip code. Use the “vendor contact” field to enter a “person to contact” at the business or type an “important message”
- Type in the phone & fax numbers if you have them
- Email address is optional
- Type your agency number where it says AGY
- Type your name where it says CONTACT
- Type your agency phone number

S052 VER 2.0

STATE OF OREGON

LINK TO: SYSTEMWIDE VENDOR PROFILE

VENDOR NO: 1931285678 NAME CONTROL:TRID

VENDOR NAME: TRIDEV ENTERPRISES INC

SEARCH NAMES: TRIDEV ENTERPRISES INC TRIDE 97214 3234

UPS STORE #12251

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND:F REASON CODE:ADD

VENDOR TYPE: 8 OWNRSHP CD: I TIN MATCH : TIN: 931285678

ADDRESS: UPS STORE #2251

3234 SE HAWTHORNE

CITY: PORTLAND ST: OR ZIP: 97214 3234

CNTRY:

VENDOR CONTACT: BOB ELLIOTT

TAX OFFSET EXMPT: N

TELEPHONE: 503 230 1808 EXT: FAX:

HOLD RSN:

PDT: MA EMAIL:

PNI:

AGY:585 CONTACT: ELLIE MARSH

PHONE: 503 731 3221

DIR DEP DATE:

ABA NUMBER:

ACCT NO/TYPE:

FORMAT:

W9 REQUEST DATE:

BU/WH EFF DATE:

STATUS CODE: R

EFF START DATE: 08302018 EFF END DATE:

LAST PROC DATE:08302018

*****profile with a dba on the 1st line of the address*** Word DBA not always necessary*****

S051 VER 2.0 STATE OF OREGON
LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO:**1931285678** TRIDEV ENTERPRISES INC
MAIL CODE:**001** NAME: **TRIDEV ENTERPRISES INC**
SEARCH NAMES: TRIDEV ENTERPRISES INC **TRIDE 98166**

ADDRESS: **PO BOX 89142**

CITY: **SEATTLE** ST: **WA** ZIP:**98166**
COUNTRY: REGION: TAX RATE:
UPDATE REASON: **ADD** OWNERSHIP CODE: **I** LICENSE:
VENDOR CONTACT: **IDA BECK/ ADDT'L LOC** **FAX:206 361 5555**
TELEPHONE: **206 361 5438** EXT: ALT VEND NAME: LTR DATE:
PDT:MA EMAIL: **ELLIETRIDE@YAHOO.COM** PNI:
AGY: **585** CONTACT: **ELLIE MARSH** PHONE: **503 731 3221**
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: **R**
EFF START DATE: 08302018 EFF END DATE: LAST PROC DATE:08302018

****profile with an added mailcode 001 to the 51 screen because it is at a different location******

S051 VER 2.0 STATE OF OREGON
LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO:**1931285678** TRIDEV ENTERPRISES INC
MAIL CODE: **002** NAME: **UPS STORE #2251**
SEARCH NAMES: UPS STORE #2251 **UPS S 97214**

ADDRESS: **PO BOX 8080**

CITY: **PORTLAND** ST: **OR** ZIP: **97214**
COUNTRY: REGION: TAX RATE:
UPDATE REASON: **ADD** OWNERSHIP CODE: **I** LICENSE:
VENDOR CONTACT: **BOB/W9** FAX:
TELEPHONE: **503 230 1808** EXT: ALT VEND NAME: **V** LTR DATE:**08302006**
PDT: **MA** EMAIL: PNI:
AGY: **585** CONTACT: **ELLIE MARSH** PHONE: **503 731 3221**
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: **A**
EFF START DATE: **08302018** EFF END DATE: LAST PROC DATE:**08302018**

*****profile with added mailcode 002 on the 51 screen because using the dba name******

S03A UC: 04

STATE OF OREGON
VENDOR ALPHA INQUIRY

**3A
Screen**

SELECT VENDORS FROM: **S** (S=SYSTEMWIDE, A=AGENCY)

SEARCH NAME: **CAUDELL, SHAWN** AGY: VENDOR TYPE:

S	VENDOR NO / MC	SC	PDT	VENDOR NAME	ADDRESS
	1260000000 000	A	MA	SHAWN L CAUDELL	CAUDELL LANDSCAPES 3700 NW MONTGOMERY A

*****3A screen-check 3A screen before entering a new sole proprietor
(Person with a business under their own name)*******

Z36 RECORD(S) RECALLED - END OF LIST

F1-HELP F7-PRIOR PAGE F8-NEXT PAGE F9-INTERRUPT ENTER-INQUIRE
CLEAR-EXIT

Sole Proprietor –Check 3A

- Individual using an FEIN. Sometimes there is a business attached. Start the vendor number with a “1”.
- Name control first 4 letters of the owner’s last name
- Tab to 2nd search field type first 5 characters of business name if there is one
- Tab to 3rd search field type business name if there is one

Sole Proprietor Continued

- Tab to 4th search field type vendors last name followed by a comma , first name followed by a comma and middle name or int'l if you have it. Remember last name no more than 13 characters, first name no more than 10 characters , middle name no more than 7 characters
- Remember comma must follow last & first name.
- 1099 IND is “Y”, FEI/SSN is “F”, Reason Code is “ADD”, Vendor Type is “8”and Ownership Code is “I”
- Type the business name (DBA) on the first line of the address or create a mail code 001 to have the business as the name in the “vendor name” field

Sole Proprietor Continued

- If you create a mail code 001 for the dba the vendor desk will do a Tin Match. If it is a match the “Alt Vendor Name” Field will be coded “V” and the “LTR Date” field will be entered with the current date. If the name and number combination do not match IRS records you will need to provide a W9 form filled out by the vendor authorizing the alternate name before the profile can be activated. The W9 can be faxed to 503-378-8940
- Type the address, city, state & zip code
- Vendor contact field can be used for a message if needed
- Type phone and fax if you have it
- Email is optional
- Type your agency number where it says AGY, type your name where it says CONTACT, type your agency phone number

S052 VER 2.0

STATE OF OREGON

LINK TO: SYSTEMWIDE VENDOR PROFILE

VENDOR NO:**1204954200** NAME CONTROL: **HAYE**

VENDOR NAME: **KATHERINE M HAYES**

SEARCH NAMES: KATHERINE M HAYES

RAY O 97827

RAY OF SUN DAYCARE

HAYES,KATHERINE,M

ALT VENDOR/FID: 1099 IND: **Y** FEI/SSN IND: **F** REASON CODE: **ADD**

VENDOR TYPE: **8** OWNRSHIP CD: **I** TIN MATCH: TIN: 204954200

ADDRESS: **RAY OF SUN DAY CARE**

PO BOX 424

CITY: **ELGIN**

ST: **OR** ZIP: **97827**

CNTRY:

VENDOR CONTACT:

TAX OFFSET EXMPT: **N**

TELEPHONE: **541 662 9999** EXT:

FAX:

HOLD RSN:

PDT: MA EMAIL:

PNI:

AGY: **100**

CONTACT: **MAY WOOD**

PHONE: **503 945 6221**

DIR DEP DATE:

ABA NUMBER:

ACCT NO/TYPE:

FORMAT:

W9 REQUEST DATE:

BU/WH EFF DATE:

STATUS CODE: **R**

EFF START DATE: 08312018 EFF END DATE:

LAST PROC DATE: 08312018

****profile with business name as dba on 1st line of address*******

S052 VER 2.0

STATE OF OREGON

LINK TO: SYSTEMWIDE VENDOR PROFILE

VENDOR NO: 1204954200 NAME CONTROL: HAYE

VENDOR NAME: KATHERINE M HAYES

SEARCH NAMES: KATHERINE M HAYES RAY O 97827

RAY OF SUN DAYCARE HAYES,KATHERINE,M

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD

VENDOR TYPE: 8 OWNRSHP CD: I TIN MATCH: TIN: 204954200

ADDRESS: 1144 BAKER ST NE

CITY: ELGIN ST: OR ZIP: 97827

CNTRY:

VENDOR CONTACT:

TAX OFFSET EXMPT: N

TELEPHONE: 541 662 9999 EXT: FAX: HOLD RSN:

PDT: MA EMAIL: PNI:

AGY:100 CONTACT: MAY WOOD PHONE: 503 945 6221

DIR DEP DATE:

ABA NUMBER: ACCT NO/TYPE: FORMAT:

W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: R

EFF START DATE: 08312018 EFF END DATE: LAST PROC DATE:08312018

*****profile with just the legal name of the federal tax ID #*****

S051 VER 2.0 STATE OF OREGON
LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO:**1204954200** KATHERINE M HAYES
MAIL CODE: **001** NAME: **RAY OF SUN DAYCARE**
SEARCH NAMES: RAY OF SUN DAYCARE

RAY O 97827

ADDRESS: **PO BOX 424**

CITY: **ELGIN** ST: **OR** ZIP: **97827**
COUNTRY: REGION: TAX RATE:
UPDATE REASON: **ADD** OWNERSHIP CODE: **I** LICENSE:
VENDOR CONTACT: **TIN MATCH** FAX:
TELEPHONE: **541 662 9999** EXT: ALT VEND NAME: **V** LTR DATE:**08312006**
PDT:MA EMAIL: PNI:
AGY:**100** CONTACT: **MAY WOOD** PHONE: **503 945 6221**
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: **A**
EFF START DATE: 08312018 EFF END DATE: LAST PROC DATE:08312018

****profile of mailcode 001 created on the 51 screen with DBA as the name******

Partnership-Check 3A

- Type in the vendor #. This number must be a FEIN
- Name will be the business name
- Name control will be the 1st four letters of the business name
- Tab to the 2nd search field type the 1st five characters of the business name sp and the zip code sp zip extension if available
- The 3rd and 4th search fields need to have the names of the partners if available. Last name followed by a comma, first name followed by a comma , middle name or int'l if you have it
- 1099 IND is "Y" FEI/SSN is "F", Reason Code is "ADD", Vendor Type is "8", Ownership Code is "I"

Partnership Continued

- Type in the address, city, state and zip
- You can put a message in the Vendor Contact field if needed
- Type in the phone and fax
- Email is optional
- Type your agency # where it says AGY
- Type your name where it says CONTACT
- Type your agency phone #

S052 VER 2.0 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO:**1203701637** NAME CONTROL: INTH
VENDOR NAME: IN THE MONEY PC
SEARCH NAMES: STOUT & WAGNER LLP IN TH **93101 1125**
STOUT,EARL,P **WAGNER,DANIEL,C**
ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND:F REASON CODE:**ADD**
VENDOR TYPE: **8** OWNRSHP CD: I TIN MATCH: TIN: 203701637
ADDRESS: **125 E VICTORIA ST STE J**

CITY: **ORANGE** ST:CA ZIP: **93101 1125** CNTRY:
VENDOR CONTACT: **EARL** TAX OFFSET EXMPT: N
TELEPHONE: **805 897 1152** EXT: FAX: **805 966 0922** HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: **100** CONTACT: **ELLIE COBB** PHONE: **503 986 4422**
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: **R**
EFF START DATE: 10102018 EFF END DATE: LAST PROC DATE:10102018

****profile showing the full names of the partners in the search fields******

US Postal Svc-Check 3A

- Vendor name will be “United States Postal Service
- Name Control will be “UNIT”
- 3rd search field can be used for dba
- 4th search field will be US then sp PO another sp and then the zip. Example: US PO 97301
- 1099 IND is “Y”, FEI/SSN is “F” Reason Code is “ADD” Vendor Type is “8”, Ownership code is “I”
- Enter the address, city, state and zip

US Postal Svc Continued

- Type the Phone # and any additional info you have in the appropriate fields
- Type your agency number in the “AGY” field
- Type your name in the “Contact” field
- Type your agency phone number in the “Phone” field

S052 VER 2.0

STATE OF OREGON

LINK TO: SYSTEMWIDE VENDOR PROFILE

VENDOR NO: **1940000561** NAME CONTROL: **UNIT** UPDATE MAIL CODE: Y

VENDOR NAME: **UNITED STATES POSTAL SERVICE**

SEARCH NAMES: UNITED STATES POSTAL SERVICE

postmaster-Depoe Bay

US PO 97341

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: **ADD**

VENDOR TYPE: **8** OWNRSHP CD: I TIN MATCH: TIN: 940000561

ADDRESS: **POSTMASTER-DEPOE BAY**

486 NE HWY 101

CITY: **DEPOE BAY**

ST: **OR** ZIP: **97341**

CNTRY:

VENDOR CONTACT: **DOROTHY SMITH**

TAX OFFSET EXMPT: N

TELEPHONE: **503 679 5885** EXT: FAX: **503 679 5555** HOLD RSN:

PDT: MA EMAIL:

PNI:

AGY: **634** CONTACT: **BARRY WHITE**

PHONE: **503 378 2233**

DIR DEP DATE:

ABA NUMBER:

ACCT NO/TYPE:

FORMAT:

W9 REQUEST DATE: BU/WH EFF DATE:

STATUS CODE: **R**

EFF START DATE: 10192018 EFF END DATE:

LAST PROC DATE: 10192018

City & County Mostly Mail Codes-Check 3A Political Subdivisions and Local Government Investment Pool

- When entering a city or county start the vendor name with “City of” or “County of”
- For Oregon school districts begin with the name of the related county. Example: “Marion County School District 24J
- Cities, Counties, Fire Dept, Police Dept, Sewer & Water, etc. are considered Political Subdivisions.
- Each political subdivision is assigned a political subdivision number this number with the prefix PSD will become the second search name on all city & county mail codes. Each PSD number is composed of three pairs of digits. The 1st pair indicates the county in which the subdivision is found (24xxxx is in Marion County). The 2nd pair indicates what type of subdivision is represented (xx03xx is a school dist). The final pair of digits is a sequence number to differentiate similar subdivisions in the same county. Each year there are audits completed for payments made to Political Subdivisions. DAS creates a file for the auditors. The PSD # on the 2nd search field of the profile is used to create the file.

City & County mail codes Political Subdivisions and Local Government continued

- Many Political Subdivisions also participate in the Local Government Investment Pool
- These vendors will have their account numbers entered with the prefix “LGIP” in the license field of the 001, 002 etc. mail code. Mail code 001 if not already set up with an LGIP should be used before any other mail code. These mail codes cannot be inactivated or the LGIP removed without authorization from the Treasury Banking Operations Manager 503-378-2457 and the Vendor desks Manager approval.
- Before requesting an LGIP # to be entered you must check with the Treasury Banking Operations Manager at 503-378-2457 to verify the number you were provided is correct.

City & County mail codes Political Subdivisions and Local Government continued

- The person entering the LGIP# to a profile must be on the Signature Authority For SFMA Vendor Requests list. After verifying the LGIP# with the Treasury Banking Operations Manager you will type a message on the Vendor Profile in the "Vendor Contact" field that states "LGIP verified with Treasury Banking Operations manager". If the profile MC001, 002 etc. is already active or inactive on the system the vendor desk will enter the message at the time the vendor desk receives the "SFMS vendor Change Request form" to update the profile with the LGIP #. The agency will fill in the line on the form "Vendor contact" with the statement "LGIP verified with Treasury Banking Operations Manager".
- In addition, Treasury maintains a table of distribution document numbers used to provide additional descriptive information about recurring payments sent by agencies to local government pool accounts via SFMA transfer. This list of distribution document numbers is available on Treasury's LGIP webpage a www.Oregon.gov/lqip. If a distribution document number does not yet exist for the payments your agency will be making to the LGIP, please contact the Treasury Banking Operations Manager at 503-378-2457.

S051 UC: 04 STATE OF OREGON
LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO: **1932002222** CITY OF SALEM
MAIL CODE: **001** NAME: **CITY OF SALEM**
SEARCH NAMES: CITY OF SALEM **PSD240570**
SALEM PUBLIC LIBRARY
ADDRESS: **SALEM PUBLIC LIBRARY**
585 LIBERTY ST SE
PO BOX 14810

CITY: **SALEM** ST: **OR** ZIP: **97309**
COUNTRY: REGION: TAX RATE:
UPDATE REASON: **ADD** OWNERSHIP CODE: **G** LICENSE:
VENDOR CONTACT: FAX: **503 588 6251**
TELEPHONE: **503 588 6214** EXT: ALT VEND NAME: LTR DATE:
PDT: MA EMAIL: PNI:
AGY: **123** CONTACT: **PAT OWEN** PHONE: **503 986 2222**
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: **R**
EFF START DATE: 11212006 EFF END DATE: LAST PROC DATE: 11212006

*****profile of additional location for City of Salem "Salem Public Library" entered on the 51 screen as mailcode 001. Note PSD# in 2nd search field brought over from the 52 screen******

S051 UC: 04 STATE OF OREGON
LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO: 1936008888 COUNTY OF MARION
MAIL CODE: 001 NAME: COUNTY OF MARION
SEARCH NAMES: COUNTY OF MARION PSD240200
MARION COUNTY CLERK
ADDRESS: MARION COUNTY CLERK
MARION COUNTY COURTHOUSE
555 HIGH ST

CITY: SALEM ST: OR ZIP: 97301 3665
COUNTRY: REGION: TAX RATE:
UPDATE REASON: ADD OWNERSHIP CODE: G LICENSE:
VENDOR CONTACT: FAX:
TELEPHONE: 588 5225 EXT: ALT VEND NAME: LTR DATE:
PDT: MA EMAIL: PNI:
AGY: 100 CONTACT: MARY ALT PHONE: 503 378 1212
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: R
EFF START DATE: 11212006 EFF END DATE: LAST PROC DATE:11212006

****profile for additional location. Mailcode 001 for County of Marion "Marion County Clerk" entered on the 51 screen. Note the PSD # brought over from the 52 screen*******

S051 UC: 04 STATE OF OREGON
LINK TO: **VENDOR MAIL CODE PROFILE**
VENDOR NO: **1936032111** CITY OF SCAPPOOSE
MAIL CODE: **001** NAME: **CITY OF SCAPPOOSE**
SEARCH NAMES: CITY OF SCAPPOOSE **PSD050535**

ADDRESS: CITY TREASURER
PO BOX 236

CITY: SCAPPOSSE ST: OR ZIP: 97056
COUNTRY: REGION: TAX RATE: **000.00**
UPDATE REASON: ADD OWNERSHIP CODE: G LICENSE: **LGIP04161**
VENDOR CONTACT: FAX: 503 543 7182
TELEPHONE: 503 543 7146 EXT: ALT VEND NAME: LTR DATE:
PDT: MA EMAIL: PNI:
AGY: 581 CONTACT: LODDI DAH PHONE: 503 222 5641
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: **R**
EFF START DATE: 11212006 EFF END DATE: LAST PROC DATE: 11212006

****additional mailcode 001 for City of Scappoose created on the 51 screen to accommodate the LGIP #. Note the PSD # brought over from the 52 screen*******

S03A UC: 04 STATE OF OREGON
VENDOR ALPHA INQUIRY PROD
SELECT VENDORS FROM: S (S=SYSTEMWIDE, A=AGENCY)
SEARCH NAME: MAIM AGY: VENDOR TYPE:

S	VENDOR NO / MC	SC	PDT	VENDOR NAME	ADDRESS
	3490200005	000	A MA	FRANK MAIM	100 COUNTRY CLUB RD
	4490200001	000	I MA	FRANK MAIM	100 COUNTRY CLUB RD

*****3A screen-check 3A screen before adding a new Client
Vendor******

Z36 RECORD(S) RECALLED - END OF LIST

F1-HELP F7-PRIOR PAGE F8-NEXT PAGE F9-INTERRUPT ENTER-INQUIRE
CLEAR-EXIT

Agencies with Clients-Check 3A

- Enter information Same as information for individual vendor profile
- Exception #1: Vendor number will begin with a 4 instead of a 3
- Exception #2: 2nd search field you will enter agency number and the word client (Example: 442CLIENT)
- Exception #3: 1099 IND will be N, Vendor Type will be 7
- Exception #4: Valid SSN is required
- When SSN is not being used you will begin the Vendor Number field with a 7 followed by your agency number and then whatever sequence of numbers your agency is using in these instances to fill in the remaining spaces. Example: 7415000012

S052 UC: 04 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO: **4545026968** NAME CONTROL: **MARK**
VENDOR NAME: **JAKE MARKUS**
SEARCH NAMES: JAKE MARKUS **423CLIENT**
MARKUS,JAKE,
ALT VENDOR/FID: 1099 IND: **N** FEI/SSN IND: **S** REASON CODE: **ADD**
VENDOR TYPE: **7** OWNRSHIP CD: **I** TIN MATCH: TIN:
ADDRESS: **1234 MOUNTAIN VIEW PI**

CITY: **PORTLAND** ST: **OR** ZIP: **97302 1234** CNTRY:
VENDOR CONTACT: TAX OFFSET EXMPT: **N**
TELEPHONE: **503-252-1141** EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: **423** CONTACT: **MARCY DARCY** PHONE: **503 378 2467**
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: **R**
EFF START DATE: 11242006 EFF END DATE: LAST PROC DATE: 11242006

****Client # using SSN before f10 save*******

S052 UC: 04 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO: 4696810002 NAME CONTROL: MARK
VENDOR NAME: JAKE MARKUS
SEARCH NAMES: JAKE MARKUS

423CLIENT
MARKUS,JAKE,

ALT VENDOR/FID: 1099 IND: N FEI/SSN IND: S REASON CODE: ADD
VENDOR TYPE: 7 OWNRSHP CD: I TIN MATCH: TIN:
ADDRESS: 1234 MOUNTAIN VIEW PI

CITY: PORTLAND ST: OR ZIP: 97302 1234 CNTRY:
VENDOR CONTACT: TAX OFFSET EXMPT: N
TELEPHONE: 503-252-1141 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: 423 CONTACT: MARCY DARCY PHONE: 503 378 2467
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: R
EFF START DATE: 11242006 EFF END DATE: LAST PROC DATE: 11242006

****Client # using SSN after F10 to save. Algorithm is created*******

Garnishments, Levies, And Other Contractual Or Legal Conveyance Of Monies

- If you the agency receive copies of garnishment, levy, etc. Fax a copy to 503-378-8940 Attn Tammy Lyons Vendor desk. Paper work needs to be received by the vendor desk before the mail code 410 can be activated. Exceptions are agy 150 revenue.
- On occasion the paperwork is received by DAS first. After the vendor desk determines which agency is making payments to the vendor via the 85 screen, a memo will be printed and sent along with the paperwork to the contact person of the paying agency that we have on file. Each agency needs to have a person assigned to receive the paper work and take care of what is needed to satisfy the garnishment, levy, etc.
- When a claim is made on a vendor's payment, the paying agency is required to respond in accordance with applicable state and federal laws and regulations

Garnishments, Levies, and other contractual or Legal Conveyance of Monies

- The agency should determine whether the claim is a bank assignment, support order, tax levy or other type of garnishment
- Claims should be reviewed for their accuracy and validity
- It is in the agency's best interest to act quickly on the claim and to be thoroughly familiar with applicable state and federal laws and regulations
- The vendor desk immediately inactivates any vendor that a levy, garnishment etc. is received on. If a claim is against a vendor who is direct deposit on the R*Stars system, the profile will be inactivated so that the vendor does not receive any further payments. We will also need to remove the direct deposit information to inactivate the profile. The direct deposit info. can be re-entered after the judgment has cleared without new paperwork from the vendor. There is a 5 day pre-note period for the direct deposit to resume.

Garnishments, Levies, And Other contractual Or Legal Conveyance Of Monies Continued

- Before a request to activate a mail code for a garnishment is processed, the initiating agency must provide a copy of the legal authorization for the garnishment to the SFMS Central Vendor Desk. This applies only if the agency receives the paperwork 1st and the paperwork was not forwarded to the agency from the vendor desk.
- Types of Claims: Writ Of Garnishment, Distraint Warrants, and Writ Of Execution. The Federal Garnishment laws and rules define garnishment as any legal or equitable procedure through which the earnings or property of a party are required to be withheld for payment of a debt

Garnishments, Levies, And Other Contractual Or Legal conveyance Of Monies Continued

- Internal Revenue Service (IRS) Notice Of Tax Levy: A taxpayer who owes back federal taxes may have property seized for unpaid taxes. The agency will receive notice of a tax levy from the IRS. The levy continues in effect until the taxpayer's liability is satisfied or becomes unenforceable and the IRS issues a release. Again, agencies should be familiar with applicable state and federal laws and regulations so as not confuse a notice of tax levy with 1099 backup withholding.
- Backup withholding could be considered a reserve account established by the agency for payment of taxes potentially owed by the vendor. Federal laws and regulations require 28 percent of the amount owed to be withheld if the vendor fails to provide a correct tax identification number (TIN); properly report taxable income; or, as otherwise directed by IRS. Backup withholding is handled centrally by SFMS operations staff. If you receive a notice for backup withholding on a vendor, please contact SFMS 503-373-0251 Karlene Hancock

Garnishments, Levies, And Other Contractual Or Legal Conveyance Of Monies Continued

- On the 52 Screen fill in the information just as you would for a regular vendor
- Set up a mail code on the 51 screen using 410. If this mailcode # is already in the system with a 410 you will use the next consecutive mail code 411. Mail codes 410 thru 429 have been set aside for this type of profile
- Type the name of the claimant to which the warrant will be made payable
- In the 2nd search name field enter the first five characters of the claimants name, a space and the zip code
- In the 3rd search name field enter the type of legal document received (garnishment, child support order, tax levy, other)

Garnishments, Levies, And Other Contractual Or Legal Conveyance Of Monies Continued

- In the fourth search name field enter the vendor name from mail code 000
- Type the claimant's remittance address
- In the Vendor Contact field enter the name of the claimant's contact
- Enter the phone number
- Where it says AGY you will type your agency number, Contact will be your name, phone will be your agency phone number
- These vendors will stay in **inactive** status unless special request for activation is made. The profiles will be **inactivated** the very next day to avoid improper use
- When the claim has been fully satisfied, contact the vendor desk to inactivate the garnishment mail code. If you receive a release of levy or any other conveyance of monies please forward to the vendor desk so we know the claim has been satisfied

S052 UC: 04 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO: 1770631897 NAME CONTROL:QUEV
VENDOR NAME: QUEVEDO CONTRACTING INC
SEARCH NAMES: QUEVEDO CONTRACTING INC QUEVE 97303

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD
VENDOR TYPE: 8 OWNRSHIP CD: I TIN MATCH: TIN: 770631897
ADDRESS: 730 OAK VILLA RD

CITY: SALEM ST: OR ZIP: 97303 CNTRY:
VENDOR CONTACT: TAX OFFSET EXMPT: N
TELEPHONE: 503 588 1624 EXT: FAX: 503 588 7325 HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: 629 CONTACT: DONNA JONES PHONE: 503 945 7247
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: R
EFF START DATE: 01292007 EFF END DATE: LAST PROC DATE: 01292007

****vendor profile 52 screen****

S051 UC: 04 STATE OF OREGON
LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO: 1770631897 QUEVEDO CONTRACTING INC
MAIL CODE: 410 NAME: ALLEGIANT BUSINESS FINANCE LLC
SEARCH NAMES: ALLEGIANT BUSINESS FINAN ALLEG 98101
ASSIGNMENT QUEVEDO CONTRACT

ADDRESS: ASSIGNEE FOR
QUEVEDO CONTRACTING INC
600 UNIVERSITY ST STE 2800

CITY: SEATTLE ST: WA ZIP: 98101
COUNTRY: REGION: TAX RATE:
UPDATE REASON: ADD OWNERSHIP CODE: I LICENSE:
VENDOR CONTACT: FAX:
TELEPHONE: 503 871 5347 EXT: ALT VEND NAME: LTR DATE:
PDT: MA EMAIL: PNI:
AGY: 629 CONTACT: DONNA JONES PHONE: 503 945 7247
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: R
EFF START DATE: 01292007 EFF END DATE: LAST PROC DATE: 01292007

****vendor profile mailcode 410 created on the 51 screen to make payment to the entity owed****

Direct Deposit- Advantages

- ACH is a payment option in R*Stars
- SFMS manages ACH services centrally
- Vendors voluntarily enroll though highly encouraged
- Process is secure and reliable

Direct Deposit-Advantages Continued

- Cost savings to agencies of an ACH payment over a warrant
 - Dealing with lost/forged instruments
 - Printing/mailing costs

- Email notices are sent to payees when payment orders are issued and returned
 - Importance of Email belonging to party involved in financial aspects of vendor

- Remittance advice web site has details of payment data
 - Importance of description on payment entry
lowers necessity of vendor contacting the agency for more information

- Most returned payments are cancelled automatically

Vendor Eligibility for Direct Deposit

- Only vendors whose vendor number begins with a 1, 3 or 4 are eligible for ACH. This includes employees. Vendor numbers beginning with 2 (foreign vendor), 7 or 9 (one time vendor) are ineligible for ACH
- Any vendor subject to backup withholding is ineligible for ACH. Data in the BU/WH EFF DATE field will prevent the addition of bank account information
- Bank data can only be entered for vendors and their mail codes when the Status Code = 'A' active
- Any vendor with a type = to '8' or '9' will not be setup for ACH until the W-9 Form has been returned

Vendor Profile Set UP / Changes-Direct Deposit

- An Agency enters a new vendor in R*Stars or ADPICS/R*Stars, or a vendor currently exists on R*Stars
- The vendor submits a Direct Deposit Authorization Form to SFMS with original signature of vendor and financial institution
- Once SFMS determines that the information on the Authorization Form is complete, the bank data is entered on either the 52 Statewide Vendor Profile screen or the 51 Vendor Profile Mail Code screen that matches the address on the Authorization Form. SFMS changes the PDT (Payment Distribution Type) to “DA”
- Vendor address, phone, and email on the 52 screen are changed per the authorization form
- A bank account may be entered on multiple mail codes. In some circumstances, it may be appropriate to inactive existing mail codes. You may see a note “Use mail code 000 direct deposit”

Employee Profile Setup/Changes- Direct Deposit Continued

- State employees can request direct deposit of their travel and reimbursements via the SFMA system vs Payroll
- An employee direct deposit form does not need to be an original but must be signed by the employee and their bank or their payroll office
- The bank data and PDT of “DA” will be entered on the 52 screen. All other mail codes for these employees will be inactivated and a message “Use mail code 000 for direct deposit” will be included in the address field on the inactive mail codes
- If provided, the address, email and phone will be changed per the Authorization Form

The following are direct deposit forms currently accepted

Forms Statewide

State of Oregon Direct Deposit Authorization Form For Statewide Vendor/Employee Travel (not PERS/Payroll)



DAS

DEPARTMENT OF
ADMINISTRATIVE
SERVICES

RECOMMENDATION: For accuracy, type information or **print legibly**.
Only forms with **original** signatures are accepted (No faxes or copies) - Retain a copy for your records

SECTION A – PAYEE INFORMATION		Instructions are on Page 2	
1. TYPE OF ACTION (Required) <input type="checkbox"/> NEW (Start) <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL (Stop)	2. SSN / FEIN / OR# (Social Security / Federal Employer Identification / Oregon Employee Number – <i>Only one ID number Required</i>)		
3. PAYEE NAME AND MAILING ADDRESS (Required)	4. PHONE NUMBER (Recommended)		
5. EMAIL ADDRESS (for payment notification - Recommended)			

SECTION B – AUTHORIZATION - IMPORTANT! Please read and sign before submitting.

This form is used to authorize direct deposit to a checking or savings account.

Cancel account – To cancel this authorization, fill out a new form and check the cancel (STOP) box, sign and date the form and mail as instructed on the back.

Change account – By selecting the “change” box and completing the form with new account information, or by selecting the “cancel” box, you hereby revoke your previous authorization for direct deposit.

International transaction certification – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and U.S. law. I certify that I am authorized to enter into this agreement as the account holder.

1. <input checked="" type="checkbox"/>	Signature of Account Holder (Required)	Print Name (Required)	Title (if company account) (Required)	Date (Required)
2. <input checked="" type="checkbox"/>	Signature of Account Holder	Print Name	Title (if company account)	Date

SECTION C – FINANCIAL INSTITUTION INFORMATION (To be completed and signed by Financial Institution Representative or SFMS will accept Agency Payroll Office signature for State Employees travel reimbursements.)

1. ACCOUNT TYPE (1): a. <input type="checkbox"/> SAVINGS b. <input type="checkbox"/> CHECKING	ACCOUNT TYPE (2): c. <input type="checkbox"/> PERSONAL d. <input type="checkbox"/> COMMERCIAL		
2. ABA/BANK ROUTING NUMBER (Required)	3. DEPOSITOR ACCOUNT NUMBER (Required)		
Location of account numbers are on bottom of your check: <div style="text-align: center; margin-top: 5px;"> → </div>	Memo [EXAMPLE] (123456789) (2345678) (9876) Routing number Account number Check #		
4. FINANCIAL INSTITUTION NAME (Required)	5. NAME(S) AS THEY APPEAR ON ACCOUNT (Required)		
6. FINANCIAL INSTITUTION ADDRESS (Required)			
(Number and Street) (City) (State) (Zip)			
I have verified the account number above. This Financial Institution is ACH capable and will comply with NACHA rules. (SFMS will accept Agency Payroll Office signature for State Employees travel reimbursements.)			
7. Financial Representative's Name (Printed or Typed - Required)	8. Signature of Financial Representative (Required)	9. Telephone Number (Required) () -	10. Date (Required) - -

SECTION D – FOR DAS/EGS/FBS/SFMS USE ONLY

1. Vendor No. and Mail Code	2. Pre-note Date	3. NACHA Format PPD+ CCD+	4. Notes
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Forms DHS/OHA Vendor



EFT Enrollment Form for Providers, Vendors and Contractors



Read instructions prior to completing.

Section A – Provider's information

Provider name:		Provider number (if applicable):	
Provider address			
Street:	City:	State/province:	ZIP code/postal code:
Telephone number: (Required)	Email address:		

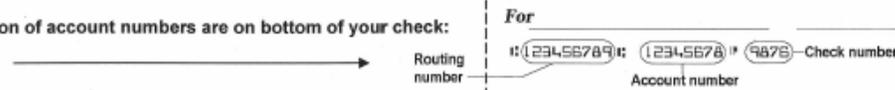
Section B – Provider identifier's information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
National Provider Identifier (NPI):

Section C – Financial institution information

Financial institution name:			
Financial institution address			
Street:	City:	State/province:	ZIP code/postal code:
Financial institution routing number:	Type of account at financial institution <input type="checkbox"/> Checking* OR <input type="checkbox"/> Savings <input type="checkbox"/> Personal* OR <input type="checkbox"/> Business* *Copy of preprinted voided check or bank verification letter required.		
Provider's account number with financial Institution:	Account number linkage to provider identifier (Medicaid ID number):		

Location of account numbers are on bottom of your check:



Section D – Submission information

Reason for submission:	<input type="checkbox"/> New enrollment (Start)	<input type="checkbox"/> Change enrollment	<input type="checkbox"/> Cancel enrollment (STOP)
------------------------	---	--	---

Important! Please read and sign before submitting.

This form is used to authorize direct deposit to a checking or savings account. For all Department of Human Service (DHS) and Oregon Health Authority (OHA) programs and payment systems.

- **International transaction certification** – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.
- **Recovery of funds deposited in error** – In the event an erroneous deposit occurs creating an overpayment, DHS/OHA will reserve the right to debit your account accordingly.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and US law. I certify that I am authorized to enter into this agreement as the account holder.

Authorized signature:

Written signature of person submitting enrollment:	Submission date:
Printed name of person submitting enrollment:	

Office use only	<input type="checkbox"/> OR-Kids <input type="checkbox"/> MMIS <input type="checkbox"/> SFMA <input type="checkbox"/> CBC/CEP	Date processed:	Initial:
	Original documentation on file with DHS.	Agency signature:	Date:

Forms OSPS



State of Oregon Employee Direct Deposit Form

Employee ID # Agency #

Name

Email Address Work Phone #

Account information: New Cancel Replace Net Pay Account Replace Fixed Account and/or Amount

1. Bank Name/City/State:

Routing/Transit # Account #

Checking Savings Non-AccelaPay Card Travel Reimbursements Dep. Amt.: \$ or Net amount

Account information: New Cancel Replace Net Pay Account Replace Fixed Account and/or Amount

2. Bank Name/City/State:

Routing/Transit # Account #

Checking Savings Non-AccelaPay Card Travel Reimbursements Dep. Amt.: \$ or Net amount

Employee Authorization - Important! Read and sign before submitting

I authorize the State of Oregon to deposit payments and make overpayment adjusting debits to my account. I have read and understand the information contained in this form. I understand that direct deposit transactions must comply with U.S. and Oregon laws. I authorize the State of Oregon to suspend direct deposit participation when overpayments may occur or recur (Ref. OAM 45.37.00).

International transaction certification – I certify that the entire amount of my direct deposit is **NOT** ultimately deposited in a financial institution outside the United States.

Electronic Deposit/ePaystub (OAR. 125-015-0200):

- I have elected net pay direct deposit of my wages and agree to access my paystub electronically.
- I elect not to participate in net pay direct deposit of my wages and will receive a paper check and paper stub.
- I meet one of the exception criteria listed in Oregon Administrative Rule 125-015-0200 and am choosing to receive my pay through direct deposit and not participate in ePaystub (this option requires payroll and/or *human resources authorization).

*HR verification:

Print Name *Signature*
Exception Code: *Date:*

Employee Signature: Date:

FOR AGENCY USE:

Entry Date (P070) "X"	XDNN (plan code)	Date Pre-note "P"	Date Verified "V"	Initials
ePaystub Enroll:	Date:			Initials:
SFMS	Approval:			Date:

Forms DHS/OHA Employee



Direct Deposit Authorization Form for Employees



Section A — Payee information

Name:	Employee ID number (OR #): <i>(Required)</i>	Agency: <input type="checkbox"/> DHS (100) <input type="checkbox"/> OHA (443)
Street address:	City:	State: ZIP:
Phone number:	Email address:	
Type of action: <input type="checkbox"/> New (Start) <input type="checkbox"/> Change <input type="checkbox"/> Cancel (Stop)		
Type of deposit: <input type="checkbox"/> *Net (Deposit entire pay after deductions.) <input type="checkbox"/> Fixed amount: \$ _____		
*All net deposits will update payroll and travel direct deposit information. Check here if you travel in your current position. <input type="checkbox"/>		

Section B — Financial institution information

Account type:	<input type="checkbox"/> *Savings OR <input type="checkbox"/> *Checking	<input type="checkbox"/> *Personal OR <input type="checkbox"/> *Business
*Copy of voided check or official bank verification is required.		
Bank name:	Bank routing number:	Bank account number:
Name(s) as they appear on account:		
Location of account numbers are on bottom of your check:		
	<i>For</i> Routing number: 123456789 Account number: 12345678 Check number: 9876	

Section C — Authorization

Important! Please read and sign before submitting.
 This form is used to authorize direct deposit to a checking or savings account. – For all Department of Human Service (DHS) and Oregon Health Authority (OHA) programs and payment systems.

I have elected net pay direct deposit of my wages and agree to access my paystub electronically. I authorize the State of Oregon to deposit payments and make overpayment adjusting debits to my account. I authorize the State of Oregon to suspend direct deposit participation when overpayments may occur or recur (Ref. OAM 45.37.00).

International transaction certification – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and US law. I certify that I am authorized to enter into this agreement as the account holder.

Signature of account holder: _____ Date: _____

Print account holders name: _____

Office use only	<input type="checkbox"/> SFMA <input type="checkbox"/> OSPA	Date processed:	Initial:
	Original documentation on file with DHS: Signature: _____	Date: _____	

When this form is complete:

- Attach a copy of a personalized voided check or official bank verification of the account name, routing number and account number. **This information is required for all new accounts.** (Deposit slips not accepted.)
- Return by secure email to: DHSOHA.EmpDirDep@dhsoha.state.or.us
- Or return by fax to: 503-945-6860
- Or return by mail to: Department of Human Services/Oregon Health Authority Office of Financial Services/Attn: EFT Coordinator 500 Summer St. NE, E-97 Salem, OR 97301-1080
- For questions contact: DHS/OHA EFT Coordinator at 503-945-6872 or 503-945-5710
- Retain a copy for your records.

Pre-Notes

Direct Deposit

- The DIR DEP DATE will be equal to 5 banking days including the date entered on R*STARS, after the banking information has been added
- The PNI flag is set to 'Y' (Pre note Indicator)
- During the nightly batch cycle: The Pre-note is sent, The PNI flag is set to 'N', and the vendor name is added to the Remittance Web Site
- Once the pre-note process is successful, future payments will default to direct deposit
- An email is sent to vendor w/user ID and instructions on remittance web site access

Payment Processing-Direct Deposit

- Payments cannot be made via direct deposit during the pre-note period. During this time, payments will generate a warrant
- Transactions cannot be entered to the mail code with the PDT=D or DA until the date shown in the DIR DEP DATE field. To enter a voucher payable during the pre-note period, manually change the PDT on the transaction to a PDT such as MA
- If a transaction is on the 530 screen waiting for the due date and the vendor is put into a pre-note period by a change that has been made in the bank account information, then the payment will be printed as a warrant and mailed out automatically

Payment Processing-Direct Deposit Continued

- Batch Entry-The ACH payment process is designed to leave the PDT blank on the batch header and on the individual transactions so that the vendor profile will determine if a payment is issued as a warrant or an ACH payment. Transactions made using mail codes where the vendor profiles have a PDT of 'D' or 'DA' will be processed as direct deposit. Mail codes with PDT beginning with 'M' and 'R' will have payments issued by warrant
- Manually adding a PDT indicator on the Batch Header will override the PDT on the vendor profile
- Manually adding a PDT indicator on the transaction input screen overrides both the default PDT on the vendor profile and any manually entered PDT on the batch header

Payment Processing-Direct Deposit Continued

- When an agency enters a Voucher Payable on or anytime after the DIR DEP DATE, the payment will be credited to the vendor's bank account on the 3rd banking day including the day entered on R*STARS.
- Example: A voucher payable entered on and with a due date of Monday, February 26, 2017 will be credited to the vendor's bank account on Wednesday, February 28, 2017.

Payment Processing-Direct Deposit Continued

- R*STARS will not allow a document with a PDT beginning with a 'D' to be expedited. If a warrant needs to go to an ACH vendor, the transaction will need to be processed in the regular cycle with the PDT changed to begin with an M or R

Payment Processing-Direct Deposit Continued

- R*STARS Nightly batch cycle processes transactions with a current due date
- The Notice of Payment Order is emailed to the vendor
 - Includes paying agency, payment number but not the amount or description
- The payment information is sent to the Remittance Web Site, which can be accessed by the vendor with their USERID (<https://pmtinfo.das.state.or.us/>)
- The payment number is assigned beginning with '95XXXXXXX' and the payment status=issued. Payments can be viewed on all R*STARS screens that display warrant information
- On the third banking day after the due date, the status of settled ACH payments are updated to Redeemed (Status = P on profiles 44 Payment Cancellation and 47 Payment Control Table)

Remittance Web Site



Payment Information Center

This online service is for payees who receive payments from the State of Oregon via Electronic Funds Transfer/Direct Deposit. This site displays the same detailed payment information that would be on the remittance advice provided with paper warrants or checks sent through the mail.

New processing requirements went into effect September 18, 2009, for electronic vendor payments that are being sent to a financial institution outside of the United States. These requirements are a recent amendment to the Electronic Payments Association (NACHA) ACH Operating Rules and referred to as the International ACH Transactions rules. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, please advise the ACH Coordinator.

If this is your **FIRST TIME** logging in, **ONLY** enter your User ID and click on the **Log In** button below. When asked to create a password, leave the old password box **BLANK**. Enter your new password. You may change your password at any time.

Please log in here.

User ID:

Password: [Forgot Password?](#)

First time users leave password box blank.

Log In

Clear

Sample

If you would like assistance or additional information about this site, or to participate in this program, please [click here](#).

Send e-mail to: ACH.Coordinator@oregon.gov with questions or comments about this website. This page best viewed with JavaScript enabled.

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[ACH \(Direct Deposit\) Home](#)

Remittance Web Site



Payment Information Center

Vendor: RICOH USA INC

Key in Vendor No: SFX:

Limit to: Account No. 0455 Last 30 Days Sort By: Deposit Date Invoice Number

BOARD OF DENTISTRY (971) 673-2700

DEP. DATE	PAY NO.	INV. NO.	INV. DATE	DESCRIPTION	AMOUNT	DOC. NO.
04/07/	1061003	22739503	03-24	03/15/ 04/14/ LEASE	\$291.86	VP005108
03/14/	1050650	5047315910	03-01	#14891820 ADDITIONAL IMAGES	\$36.49	VP005087
03/09/	1048904	22598701	02-24	02/15, 03/14 LEASE	\$291.86	VP005083

TOTAL: \$620.21

BUREAU OF LABOR & INDUSTRIES (971) 673-0813

DEP. DATE	PAY NO.	INV. NO.	INV. DATE	DESCRIPTION	AMOUNT	DOC. NO.
04/03/	1058694	22659462	03-10	FEB 20 LEASE CONTRACT #100-3116314-100	\$101.22	VP050509
	1058694	5047345305	03-01	FEB 20 LEASE CONTRACT #3366032	\$59.13	VP050508
	1058694	9020325461	03-09	FEB 20 LEASE/USAGE #2THRU#6 EUG&SALEM	\$2,288.44	VP050507
	1058694	9020325462	03-09	FEB 20 LEASE/USAGE SERIAL#S9128700805	\$166.48	VP050510

SUBTOTAL: \$2,615.27

TOTAL: \$2,615.27

CHIEF EDUCATION OFFICE (503) 373-0206

DEP. DATE	PAY NO.	INV. NO.	INV. DATE	DESCRIPTION	AMOUNT	DOC. NO.
03/21/	1053577	9020325494		20270734, 02/ LEASE/COPIER	\$930.68	VP001337

TOTAL: \$930.68

Payment Processing-Direct Deposit Continued

- Agencies may receive several SFMS Control Reports with direct deposit payments listed on the due date of the voucher. The payments will be recorded as cash out of SMFA on the due date, but the money will not be transferred out of agency Treasury accounts until the settlement date
- R*STARS will automatically cancel most direct deposit payments that are returned by the bank (Closed Account etc.). Under special circumstances (Refused by Receiver) a manual cancellation of the direct deposit is required
- SFMS will notify the agency of a returned direct deposit payment.
 - D02 contact used or the creator/releaser of the payment entry
- The agency will make the decision to re-enter the voucher for a payment by warrant. This can be done before or after the direct deposit payment is cancelled

Changes relating to Direct Deposit

- Vendors with changes in name or tax ID need to provide the ACH Coordinator with a direct deposit authorization form indicating the changes and an updated W-9
 - Employee name changes can be verified with payroll and do not require a new form unless there are additional changes (banking information, address, phone, email etc.)
- For changes in banking information, vendors need to complete a new direct deposit authorization form. The authorized person who signed the original ACH Authorization form will need their printed name and original signature on the request. It must also contain the original signature of financial institution (DHS/OHA vendor exception)
 - Employees complete a new direct deposit form but may have their bank or Payroll Office sign. The original or a copy may be submitted for processing
- Authorized signers and employees with Direct deposit are allowed to request changes in email, address, user ID or phone by sending an email to ach.coordinator@oregon.gov. They may also contact the paying agency who will complete the SFMA Vendor Change Request form (see form following)
- A change in authorized signer can be documented by a signed statement on company letterhead explaining the change in staffing or via a copy of board meeting minutes. The statement may be a copy or attachment to an email and does not have to be an original

Cancellation of Direct Deposit

- To cancel a direct deposit the vendor/employee needs to return a direct deposit form marked as a cancel. It must be signed by the authorized signer and must be an original signature (employee cancellations may be copies)
- As the contact for the paying agency, you will probably be the first to know of the closing or inactivation of a vendor number. Please encourage a cancellation form for the direct deposit. The vendor number will not be inactivated until an attempt at receiving a cancellation is documented by the paying agency.
- Forms are sent to: Department of Administrative Services
Attn: ACH Coordinator
155 Cottage St NE
Salem, OR 97301

Direct Deposit Continued

- Juan Maraver is the ACH Coordinator. You will need to call Arlis for ACH questions, 503-373-0261. You will also need to contact the ACH Coordinator whenever you want to add and activate a mail code where the 000 mail code on the existing profile has a PDT of “DA” (Direct Deposit). We will need permission from the authorized signer to add/activate mail codes. The Vendor desk cannot authorize activation of a mail code on a profile where mc000 is Direct Deposit
- For more information on ACH program and links to current forms, go to the ACH website.
www.oregon.gov/das/financial/Acctgsys/pages

W-9's

- A W-9 form is sent only to vendors using FEIN (Federal Tax ID#) and only when the vendor desk is not able to determine what organization type the vendor should be coded as on the 52 screen or is a corporation. W9's are sent to every vendor claiming to be a corporation. W9's will not be sent to Employee's, Individual's using SSN, client vendor or foreign vendors.
- If a vendor is sent a W9 form and does not return it within about 45 days the system will automatically inactivate the vendor and change the "Vendor Type" field to a "9" on the 52 screen
- If you look at the "W9 Request Date" field at the bottom of the 52 screen profile in RSTARS you can tell when the W9 was sent

W9 Continued

- If a W-9 comes back “undeliverable” the profile on RSTARS will be inactivated and a message will be put in the “Vendor Contact” field stating that the “W-9 undel”. When you see this message, the address will need to be verified with the vendor, by the agency and an update given to the vendor desk via the change request form
- W-9 forms can be faxed or emailed to and from the vendor
- If you the agency receive a W9 form from a vendor using a FEIN (Federal Tax ID#) that is going to be a new add to RSTARS, please email or fax the W9 form to the vendor desk upon setting the profile up on RSTARS so that the system does not mail the vendor another one. An email to the vendor desk letting us know to expect the W9 is appreciated if you decide to fax the form.

W9 Continued

- W9's are **also needed** when a vendor wants to authorize another name to use their tax ID# and the IRS Tin Match says the DBA or Alternative vendor name and number combination do not match IRS records.
- Example: A mail code 001 needing to be added to the profile with a **different name (DBA)** other than the **Legal name** on the 52 screen. Agencies are responsible for obtaining this W9 and getting it to the Vendor Desk

W9 Continued

- W9's are not accepted as a substitute for the SFMA Vendor Change Request form in cases regarding address or name changes to vendor profiles. An email or fax of the Vendor Change Request form is needed for all profile changes.
- A W9 can be printed from our website at www.oregon.gov/das/egs/fbs/sfms/pages/forms.aspx This allows you to send the W9 to the vendor yourself or provide the website to the vendor so the vendor can print off the form on their own if needed.

S052 UC: 04 STATE OF OREGON
 LINK TO: SYSTEMWIDE VENDOR PROFILE
 VENDOR NO: 1930209999 NAME CONTROL: LAMB
 VENDOR NAME: LAMB FOOD CENTER
 SEARCH NAMES: LAMB FOOD CENTER LAMB 97330

 ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD
 VENDOR TYPE: **9** OWNRSHP CD: I TIN MATCH: 7 TIN:
 ADDRESS: 1015 NW MONROE AVE

 CITY: CORVALLIS ST: OR ZIP: 97330 CNTRY:
 VENDOR CONTACT: TAX OFFSET EXMPT: N
 TELEPHONE: 541 758 5555 EXT: FAX: HOLD RSN:
 PDT: MA EMAIL: PNI:
 AGY: 730 CONTACT: MICHAEL DUKE PHONE: 503 373 1222
 DIR DEP DATE:
 ABA NUMBER: ACCT NO/TYPE: FORMAT:
 W9 REQUEST DATE: **03092004** BU/WH EFF DATE: STATUS CODE: I
 EFF START DATE: 03082004 EFF END DATE: LAST PROC DATE:04242004

****Profile showing "Vendor Type" as 9*****System has inactivated profile.**

S052 UC: 04 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO: 1930208930 NAME CONTROL: SOUP
VENDOR NAME: THE SOUP KITCHEN
SEARCH NAMES: THE SOUP KITCHEN SOUP 97330

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD
VENDOR TYPE: 8 OWNRSHP CD: I TIN MATCH: 7 TIN: 930208930
ADDRESS: 1015 NW MONROE AVE

CITY: CORVALLIS ST: OR ZIP: 97330 CNTRY:
VENDOR CONTACT: **W9 UNDELIV** TAX OFFSET EXMPT: N
TELEPHONE: 541 758 5409 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: 471 CONTACT: PHONE:
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: 03082007 BU/WH EFF DATE: STATUS CODE: I
EFF START DATE: 03072007 EFF END DATE: LAST PROC DATE: 03222007

profile showing message in "Vendor Contact" field agency needs to take action**

S052 UC: 04 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO: 1930208930 NAME CONTROL: SOUP
VENDOR NAME: THE SOUP KITCHEN LLC
SEARCH NAMES: THE SOUP KITCHEN SOUP 97330

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD
VENDOR TYPE: 5 OWNRSHP CD: T TIN MATCH: 7 TIN: 930208930
ADDRESS: 1015 NW MONROE AVE

CITY: CORVALLIS ST: OR ZIP: 97330 CNTRY:
VENDOR CONTACT: TAX OFFSET EXMPT: N
TELEPHONE: 541 758 5409 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: 471 CONTACT: PHONE:
DIR DEP DATE:

ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: BU/WH EFF DATE: STATUS CODE: A
EFF START DATE: 03072006 EFF END DATE: LAST PROC DATE: 03072006

****profile showing the “Vendor Type”, “1099 Ind” and “Ownrshp CD” fields coded.
The “Vendor Name” field included the LLC. A W9 was not needed to go out to the
Vendor*******

Alternate Vendor Number

- On the 52 profile screen there is a “ALT VENDOR/FID” field. This field is used to connect an incorrect vendor number with a corrected vendor number
- The number in the “ALT VENDOR/FID” field is the new number replacing the old number
- You may also find a message in the “VENDOR CONTACT” field that tells you to use a different number
- The status code on the profile will be “I”
- The ALT VENDOR/FID field is only used when the vendor number on file is incorrect for the vendor. If a business is sold, the new owners must have a unique vendor number that is not combined with the previous owner

S052 UC: 04 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO: 1930208930 NAME CONTROL: SOUP
VENDOR NAME: THE SOUP KITCHEN
SEARCH NAMES: THE SOUP KITCHEN SOUP 97330

ALT VENDOR/FID: **1930444430** 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD
VENDOR TYPE: 8 OWNRSHP CD: I TIN MATCH: 7 TIN: 930208930
ADDRESS: 1015 NW MONROE AVE

CITY: CORVALLIS ST: OR ZIP: 97330 CNTRY:
VENDOR CONTACT: **USE 1930444430** TAX OFFSET EXMPT: N
TELEPHONE: 541 758 5409 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: 471 CONTACT: PHONE:
DIR DEP DATE:

ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: 03082007 BU/WH EFF DATE: STATUS CODE: I
EFF START DATE: 03072007 EFF END DATE: LAST PROC DATE: 03222007

*****Profile showing the "Alt vendor/fid" field and message on "Vendor Contact" line***
Wrong # originally entered and activated for this vendor name*******

Messages On The 51 and 52 Profiles

- If you have added a new vendor and it is still in “R” status or if a vendor profile is in “I” status and you don’t understand why, look for a message located on the 51 or 52 vendor profile screen in the “**VENDOR CONTACT**” field or the “**ADDRESS**” field. The message should give you an idea of what needs to be done or why the profile is not active. Don’t forget the “**Vendor Type**” field where it may be a “9” because the vendor did not return the W9 in 45 days. There will be no message in that case.
- If you see the message “**Vendor name and number combination do not match IRS records**” in the “**address**” field you will need to contact the vendor for the correct legal name and number. If the vendor insists the name and number given the 1st time is correct ask if they can provide you with the confirmation letter the IRS sends to the vendor when they set them up. Usually that is an **SS-4 form**. The agency or the vendor can fax this form to me at **503-378-8940**. You will note that the “**tin match**” field is a “3”. You will use the same procedure for the message in the “**address**” field that says “**IRS says this number does not exist**”. You will note that the “**tin match**” field is a “2”. The message “**W9 undel**” on the “**vendor contact**” field, below the address field means you will need to get a correct address from the vendor.

S052 UC: 04 STATE OF OREGON
LINK TO: SYSTEMWIDE VENDOR PROFILE
VENDOR NO: 1930208930 NAME CONTROL: SOUP
VENDOR NAME: THE SOUP KITCHEN
SEARCH NAMES: THE SOUP KITCHEN SOUP 97330

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD
VENDOR TYPE: 8 OWNRSHP CD: I TIN MATCH: 3 TIN: 930208930
ADDRESS: 1015 NW MONROE AVE
*****NOT A MATCH WITH IRS RECORDS****

CITY: CORVALLIS ST: OR ZIP: 97330 CNTRY:
VENDOR CONTACT: TAX OFFSET EXMPT: N
TELEPHONE: 541 758 5409 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: 471 CONTACT: PHONE:
DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: 03082007 BU/WH EFF DATE: STATUS CODE: R
EFF START DATE: 03072007 EFF END DATE: LAST PROC DATE: 03222007

****Profile showing a message left by the vendor desk. Status still R. Agency needs to take action****

S052 UC: 04 STATE OF OREGON
LINK TO: EMWIDE VENDOR PROFILE
VENDOR NO: 1930208930 NAME CONTROL: SOUP
VENDOR NAME: THE SOUP KITCHEN
SEARCH NAMES: THE SOUP KITCHEN SOUP 97330

ALT VENDOR/FID: 1099 IND: Y FEI/SSN IND: F REASON CODE: ADD
VENDOR TYPE: 5 OWNRSHP CD: T TIN MATCH: 7 TIN: 930208930
ADDRESS: 1015 NW MONROE AVE

CITY: CORVALLIS ST: OR ZIP: 97330 CNTRY:
VENDOR CONTACT: **W9 UNDEL** TAX OFFSET EXMPT: N
TELEPHONE: 541 758 5409 EXT: FAX: HOLD RSN:
PDT: MA EMAIL: PNI:
AGY: 471 CONTACT: PHONE:
DIR DEP DATE:

ABA NUMBER: ACCT NO/TYPE: FORMAT:
W9 REQUEST DATE: 03082007 BU/WH EFF DATE: STATUS CODE: I
EFF START DATE: 03072007 EFF END DATE: LAST PROC DATE: 03222007

****Profile showing message on the "Vendor Contact" line explaining why the profile is inactive****

One Time Vendors

One time vendors should not be profiled. Vendor information can be entered directly on the payment screen as long as the 1st digit is a “9” and the payment is non 1099-MISC reportable as determine on the D10 Comptroller Object.

REQUESTING ACTIVATIONS ON A DOR VENDOR (MC444)

- Agency Authorized Person sends in a Change Request form or an email (for multiple) to request that an inactive vendor profile containing the message “Contact DOR” be activated.
- If the request contains the wording “for non garnishment payment” vendor desk will remove the message “Contact DOR” on the profile. Type the message “Non Garn Pay” on the “Vendor contact” line, activate the vendor and send a reply email to the agency requester that it is active.
- If the requestor just says to “activate” the profile, vendor desk will note if the agency has set up a MC 444 or if the mail code 444 is already entered. Vendor desk will reply to the requester that the vendor is on DOR list and will need to be garnished using a MC444. The requestor will need to send a new request asking to activate MC444 for garnishment. Requestor may need to create a MC444. Upon receiving corrected request the vendor desk will remove the message “Contact DOR” activate both MC000 and MC444. The vendor desk will send a reply email that MC444 is active.
- If the requestor says to “activate” the profile for garnishment the vendor desk will remove the message “Contact DOR” on both the MC000 and MC444 and activate both. The vendor desk will send the requestor an email that it has been done.
- If a MC444 ends up on the 3S screen (new activations) the vendor desk when processing the list for new activations will remove the message “Contact DOR” on MC000 if it is there. Make sure the MC444 is set up properly by the requestor with “Department of Revenue” as the “vendor name” and Department of Revenue garnishment address in the “address field”. Vendor desk will then activate both the MC000 and MC444. The vendor desk will send a confirmation email to the “Agency Contact” that mC444 is active.

****NOTE**** Agencies may request or set up MC444 even if the MC000 does not contain the message “Contact DOR” and is active. This is because of paperwork the agency has received from DOR.

LINK TO: VENDOR MAIL CODE PROFILE
VENDOR NO: 1841638589 GFA CORPORATION
MAIL CODE: 444 NAME: GFA CORPORATION
SEARCH NAMES: GFA CORPORATION
DEPARTMENT OF REVENUE



ADDRESS: DEPARTMENT OF REVENUE
GARNISHMENTS
PO BOX 14725

CITY: SALEM ST: OR ZIP: 97309
COUNTRY: REGION: TAX RATE:
UPDATE REASON: ADD OWNERSHIP CODE: O LICENSE:
VENDOR CONTACT: FAX:
TELEPHONE: EXT: ALT VEND NAME: I LTR DATE:
PDT: MA EMAIL: PNI:
AGY: 845 CONTACT: EMILY GREENE PHONE: 503 872 5175
UPDATED BY: GREENE, EMILY DIR DEP DATE:
ABA NUMBER: ACCT NO/TYPE: FORMAT:
HOLD REASON CODE: STATUS CODE: R
EFF START DATE: 11082018 EFF END DATE: LAST PROC DATE:11082018
Z07 NEXT RECORD SUCCESSFULLY READ

Contact Us

- Vendor desk-Tammy Lyons 503-373-0256. Email requests to SFMS.1.vendor@Oregon.gov Fax Number: 503-378-8940. Back-up Juan Maraver 503-373-0261
- Foreign Vendors-Karlene Hancock 503-373-0714. Email requests to Karlene.hancock@Oregon.gov
- Direct Deposit-Juan Maraver 503-373-0261
Email requests to ACH.Coordinator@Oregon.gov Back-up
Karlene Hancock 503-373-0714
- Website:
<http://www.Oregon.gov/DAS/Financial/Acctgsys/pages/>