

SUPPLIER FILE REQUEST FORM

Request Type and Requestor Information							
Requested by (contact name):		Campus Location Name & Number:			Date:		
Please check one box:							
<input type="checkbox"/> New Supplier			<input type="checkbox"/> Corrections/Changes to an existing supplier and reason for change. <i>Please provide supplier ID#:</i>				
<input type="checkbox"/> New 1099 Supplier (includes Non-Citizens that are resident aliens for IRS tax purposes; also complete Tax Reporting Region below)			<input type="checkbox"/> Add New Supplier Site for an Existing Supplier. <i>Please provide supplier ID#:</i>				
<input type="checkbox"/> New 1042 Supplier (Nonresident Aliens) (Also complete NRA information in Supplier Classification/Type below)			NOTE: Most supplier types require that a W-9 or W-8BEN (NRAs only) form be obtained.				
Supplier File Header Information							
Supplier Name (up to 240 characters) – required field							
Taxpayer ID* (SSN or Fed ID)			Supplier Homepage (Web site address – must include http://)				
Oracle Supplier Type							
<input type="checkbox"/> Standard Supplier			<input type="checkbox"/> Supplier used to process expense payments to internal employees If this type is chosen, no need to choose a Supplier Classification Type of Employee – defaults automatically in system.				
Supplier Classification/Type							
<input type="checkbox"/> Affiliated Corporation (CO Only)	<input type="checkbox"/> Company	<input type="checkbox"/> Contractor	<input type="checkbox"/> Foreign Supplier (Company/Organization)	<input type="checkbox"/> Job Agency			
<input type="checkbox"/> Non-Employee Individual	<input type="checkbox"/> Participant Stipend	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Sector Companies	<input type="checkbox"/> Rent			
<input type="checkbox"/> Royalty	<input type="checkbox"/> SUNY	<input type="checkbox"/> SUNY Employee	<input type="checkbox"/> Sub-Recipient	<input type="checkbox"/> Sub-Recipient Foreign			
<input type="checkbox"/> Supplier	<input type="checkbox"/> Tax Authority		<input type="checkbox"/> Utilities	<input type="checkbox"/> Non-Citizen Individual (if checked complete the following section)			
<p><i>If you have checked the Non-Citizen Individual box, please check the appropriate withholding tax rate only for non-citizen individual's that are taxable or require reduced withholdings. If no withholding tax group is checked the campus has determined that the non-citizen individual is claiming tax exemption under a tax treaty. For further information on non-citizen individual's please see the Accounts Payable Compliance and Monitoring-Taxation area on the RF Web site.</i></p>							
Withholding Tax Group:		<input type="checkbox"/> 5%	<input type="checkbox"/> 8%	<input type="checkbox"/> 10%	<input type="checkbox"/> 14%	<input type="checkbox"/> 15%	<input type="checkbox"/> 30%
Minority Owned: <i>Please indicate the type of certified minority owned business. Refer to the Oracle field definition: Minority Owned for more information:</i>							

<input type="checkbox"/> Small Business (Certified)		<input type="checkbox"/> Women Owned (Certified)	
Tax Reporting Region			
<p><i>If this request is to establish a new supplier for IRS 1099 reporting, please complete the income tax type, reporting name and organization type in the sections below. Campuses must have on file the appropriate documentation such as the W-9 Form to support the supplier's status. For further information on documentation requirements please see the Accounts Payable Taxation area on the RF Web site.</i></p>			
Income Tax Type (please check one)			
<input type="checkbox"/> MISC1 – Rent		<input type="checkbox"/> MISC2 – Royalties	
<input type="checkbox"/> MISC3 – Other Income (only used for participant stipends for US Citizens and Resident Aliens)		<input type="checkbox"/> MISC7 – Non-employee compensation (contractors and all others)	
Reporting Name:			
<input style="width: 100%;" type="text"/>			
<p><i>(If IRS reporting name is different than supplier name, please provide the reporting name. The reporting name and the taxpayer ID must match. Please see the section called "Tax Reporting Name In Supplier File" in the Naming Standards document for additional information on reporting name.)</i></p>			
Name Control:			
<input style="width: 100%;" type="text"/>			
<p><i>For an individual, please include the first four characters of the last name of the 1099 supplier. This field must be entered using uppercase letters.</i></p>			
Organization Type for Reportable Suppliers. (please check one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign Individual
<input type="checkbox"/> Other			
Site Uses & Telephone – Site Level			
SITE #1:		SITE #2:	
Please check one:		Please check one:	
<input type="checkbox"/> Pay Site (check request)		<input type="checkbox"/> Pay Site (check request)	
<input type="checkbox"/> Purchasing Site (purchase orders)		<input type="checkbox"/> Purchasing Site (purchase orders)	
<input type="checkbox"/> Both		<input type="checkbox"/> Both	
Address Name and Site Name are Required		Address Name and Site Name are Required	
Address Name: (ex. Albany):		Address Name: (ex. Albany):	
Site Name: (ex. 050 or 1099 or HOME or PROVISIONAL):		Site Name: (ex. 050 or 1099 or HOME or PROVISIONAL):	
Address 1:		Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City:	State:	Postal Code:	City:
State:	Postal Code:	City:	State:
Canadian Province:	Country:	Canadian Province:	Country:
Voice (include area code)	Fax (include area code)	Voice (include area code)	Fax (include area code)
Contact (Last Name, First Name, Title, Telephone #)		Contact (Last Name, First Name, Title, Telephone #)	
Supplier E-mail Address:		Supplier E-mail Address:	
Payment Region – Site Level			
Supplier Payment Terms (please check one)			
<input type="checkbox"/> Immediate	<input type="checkbox"/> Net 10	<input type="checkbox"/> Net 15	<input type="checkbox"/> Net 20
<input type="checkbox"/> Net 30	<input type="checkbox"/> Net 60		
Pay Group (please check one)			
<input type="checkbox"/> Mail from Central Office to Supplier		<input type="checkbox"/> Return check to campus	
Payment Method (please check one)			
<input type="checkbox"/> Check	<input type="checkbox"/> Clearing	<input type="checkbox"/> Electronic	<input type="checkbox"/> Wire
Purchasing Region – Site Level			
Ship-To Location (required):			
<input style="width: 100%;" type="text"/>			