

## Carbondale Campus End User Instructions FORM – New Supplier/Change Supplier

**Use:** To add a supplier to or change information on an existing supplier in AIS.

**Access:** Access the form via the AIS web site (<http://eforms.siu.edu/index.html>), Electronic Forms, Carbondale campus location. Adobe Reader 7.0 software must be installed on your computer to allow you to access the form. If you do not have Adobe Reader software, download it from the AIS web page (select Software Downloads, Adobe Reader).

**Instructions:** Complete using the following instructions: (Unless noted, all fields are **REQUIRED**.)

### *New Supplier/ Change To Supplier Request*

Check one:

“New Supplier” - if requesting the addition of a new Supplier;

“Change To Supplier” - if requesting a change to an existing Supplier.

*Date of Request* The System will automatically fill in the current date.

**Department / Contact Information Section:** Provide basic contact information.

*Contact Name* Name of person to contact if more information is needed.

*Department* Department location of the person submitting the request.

*Phone Number* Phone number of the contact person.

*E-Mail Address* E-Mail address of the contact person.

# New / Change Supplier Form

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*Reason for Change  
To Supplier*

Check the appropriate box for the Supplier change request. If "Inactivate Old Address", "Name Change", or "Other" is checked, enter in a general reason for the request in the "Reason for Change Request" field.

*Reason for Change Request (if applicable)*

General reason for the request.

Supplier Information Section: Provide basic Supplier information.

*Supplier Name*

Legal Name of the Supplier.

*DBA*

Enter the "Doing Business As" Supplier Name if applicable.

*Address Line 1*

Enter the mailing address of the Supplier.

*Address Line 2*

Enter the mailing address of the Supplier.

If Supplier has more than one (1) mailing address, attach additional request forms.

*City*

Enter the "City" name in which the Supplier is located.

*State*

Select the appropriate "State" name in which the Supplier is located.

*Zip Code*

Enter the Supplier's Zip Code.

*Province*

Enter the "Province" in which the Supplier is located, if applicable.

*Country*

Select the appropriate "Country" in which the Supplier is located.

# New / Change Supplier Form

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## *Federal Employer Identification Number*

FEIN or TIN of the Supplier – must be 9 digits.

- and / or -

## *Social Security Number*

Social Security Number of the Supplier – must be 9 digits.

Federal Employee Identification Number (FEIN) must be provided for the following Supplier Types:

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- 03 Partnership/LP/LLP
- 03 P LLC – Multiple Member LLC – Partnership
- 04 C LLC – Multiple Member LLC – C Corporation
- 04 S LLC – Multiple Member LLC – S Corporation
- 04 Corporation
- 04 Not-for-Profit Organization
- 04 Single Member LLC - Corporation
- 06 Medical Corporation (Medical & Health Care Service Provider Corporation)
- 08 Government (Governmental Entity)
- 10 Estate
- 10 Trust
- 11 Pharmacy – Noncorporate
- 13 Non-Resident Alien Individual, Resident Alien Individual, Foreign Corporation, Partnership, Estate or Trust \*
- 15 Pharmacy / Funeral Home / Cemetery
- 16 Tax Exempt

\* A W-8 form is required for Non-US Citizens. Contact the International Tax Office at 453-5275 for assistance.

Social Security Number (SSN) must be provided for the following Supplier Type:

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- 01 Individual

The following Supplier Types can have a Federal Employer Identification Number (FEIN) and/or a Social Security Number (SSN):

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- 02 Single Member LLC – Individual / Disregarded \*
- 02 Sole Proprietorship (Owner of Sole Proprietorship) \*
- 10 Estate

\* Owner's name is required and must match the IRS database for TIN supplied.

# New / Change Supplier Form

*Supplier Type*

Select one. The classification assigned by the Federal Government to the Supplier – can be derived from the W-9 form.

Supplier Type Drop Down Values:

<b>Supplier Type</b>	<b>Description</b>
01 Individual	Individual
02 Single Member LLC – Individual/Disregarded	Single Member Limited Liability Company – Individual/Disregarded
02 Sole Proprietorship	Owner of Sole Proprietorship
03 Partnership / LP / LLP	Partnership / Limited Partnership / Limited Liability Partnership
03 P LLC – Multiple Member LLC - Partnership	P LLC – Multiple Member Limited Liability Company – Partnership
04 C LLC – Multiple Member LLC – C Corporation	C LLC – Multiple Member Limited Liability Company – C Corporation
04 S LLC – Multiple Member LLC – S Corporation	S LLC – Multiple Member Limited Liability Company – S Corporation
04 Corporation	Corporation, Tax Exempt Organization
04 Not-for-Profit Organization	Not-for-Profit Organization
04 Single Member LLC - Corporation	Single Member Limited Liability Company – Corporation
06 Medical Corporation	Medical & Health Care Service Provider Corporation
08 Government	Governmental Entity
10 Estate	Estate
10 Trust	Trust
11 Pharmacy – Noncorporate	Pharmacy – Noncorporate
13 Non-Resident Alien Individual, Resident Alien Individual, Foreign Corporation, Partnership, Estate or Trust	Non-Resident Alien Individual, Resident Alien Individual, Foreign Corporation, Partnership, Estate or Trust
15 Pharmacy / Funeral Home / Cemetery	Pharmacy/Funeral Home/Cemetery Corporation
16 Tax Exempt	Tax Exempt

*US Citizen / Permanent Resident or US Company?*

Answer "Yes" or "No"

# New / Change Supplier Form

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If the answer to the "US Citizen / Permanent Resident or US Company" question is "Yes", the following question will appear:

*W-9 Attached?*

Answer "Yes" or "No"

If the answer to the "US Citizen / Permanent Resident or US Company" question is "No", the following question will appear:

*W-8 Attached?*

Answer "Yes" or "No"

*W-9 Form Button* Will automatically be linked to the W-9 form within the Procurement Services website.

*International Tax Information Button* Will automatically be linked to the International Tax Office website.

## Supplier Contact Information

<i>Name</i>	Name of person serving as a contact person for the Supplier.
<i>Phone Number &amp; Ext</i>	Supplier Contact Person's phone number and extension.
<i>Fax Number</i>	Supplier Contact Person's fax number.
<i>E-Mail Address</i>	Supplier Contact Person's e-mail address.
<i>Web Address</i>	Supplier's website address (if available).

**Routing:** This form should be printed and mailed to:

Procurement Services, MC 6813