

## Vendor Quick Reference

Detail instructions are available in the Accounting Procedures Manual, Section 10: Vendors

### Vendor Business Types

	BRD	ELE	EST	FGN	GOV	INC	LLC	LLC	LSC	MSC	NEE	NPC	PAR	PCF	SEE	SOL
<b>Add &amp; Change Vendor Screen Fields</b>	Board/Comm Member	Election Worker	Estate/Trusts	Foreign Entity	Government Entity	Corporation (General)	Limited Liability Corp	Single Member LLC	Legal Services Corp	Medical Services Corp	Non Employee	Nonprofit Corp	Partnership	Petty Cash/Change Fund Custodian	State Employee	Sole Proprietor
<b>Vendor Legal Name</b>	Person's First & Last Legal Name	Person's First & Last Legal Name	The Estate of Person's First & Last Legal Name	Person's First & Last Legal Name or Business Name	Name of Government Entity	Business Name or Parent Company Name	Business Name or Parent Company Name	Person's First & Last Legal Name	Business Name or Parent Company Name	Business Name or Parent Company Name	Person's First & Last Legal Name	Business Name or Parent Company Name	Business Name or Parent Company Name	PCF Person's First & Last Legal Name	Person's First & Last Legal Name	Person's First & Last Legal Name
<b>DBA Name/Address</b>	N/A	N/A	N/A	Street Address	Dept., Div., or Office (as appropriate)	N/A or DBA Subsidiary Business Name	N/A or DBA Subsidiary Business Name	DBA Business Name	N/A or DBA Subsidiary Business Name	N/A or DBA Subsidiary Business Name	N/A	N/A or DBA Subsidiary Business Name	N/A or DBA Subsidiary Business Name	N/A	N/A	DBA Business Name
<b>Vendor Address</b>	Permanent Address	Permanent Address	Permanent Address	City, Province, & Postal Code	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Office Address	Personal Address	Permanent Address
<b>City</b>	Permanent Address	Permanent Address	Permanent Address	Country Name	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Office Address	Personal Address	Permanent Address
<b>State</b>	Permanent Address	Permanent Address	Permanent Address	N/A	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Office Address	Personal Address	Permanent Address
<b>Zip Code</b>	Permanent Address	Permanent Address	Permanent Address	N/A	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent Address	Permanent or Other Remittance Address	Permanent or Other Remittance Address	Office Address	Personal Address	Permanent Address
<b>Tax or EMP ID</b>	SSN123456789	SSN123456789	EIN123456789	Enter Tax ID (EIN123456789 or SSN 123456789) only if provided on W-8 form	EIN123456789	EIN123456789 or Parent Company's EIN123456789	EIN123456789 or Parent Company's EIN123456789	SSN123456789 or EIN 123456789	EIN123456789 or Parent Company's EIN123456789	EIN123456789 or Parent Company's EIN123456789	SSN123456789	EIN123456789	EIN123456789 or Parent Company's EIN123456789	EMP123456	EMP123456	SSN123456789 or EIN123456789
<b>Vendor Class</b>	Default: BC	Default: EW	Default: MI	Default: MI	Default: MI	Default: MI	Default: MI	Default: MI	Default: MI	Default: MI	Default: MI	Default: MI	Default: MI	Default: PC	Default: SE	Default: MI
<b>1099 Reportable (Y/N)</b>	Default: Y	Default: Y	Default: Y	Default: N	Default: N	Default: N	Default: Y	Default: Y	Default: Y	Default: Y	Default: Y	Default: N	Default: Y	Default: N	Default: N	Default: Y
<b>Vendor Short Name</b>	Person's First & Last Name	Person's First & Last Name	Estate of Person's First & Last Name	Person's First & Last Name or Business Name	Dept., Div., or Office (as appropriate)	Business Name or Subsidiary Business Name	Business Name or Subsidiary Business Name	Business Name	Business Name or Subsidiary Business Name	Business Name or Subsidiary Business Name	Person's First & Last Name	Business Name or Subsidiary Business Name	Business Name or Subsidiary Business Name	PCF Person's First & Last Name	Person's First & Last Name	Business Name
<b>Vendor Notes: Line 1</b>	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Single Member LLC with SSN or EIN	Optional	Optional	Optional	Optional	Optional	Fund Location (Dept., Div., Office)	Optional	Optional
<b>Vendor Notes: Line 2</b>	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Fund Ledger Code: LC 509xxxx	Optional	Optional
<b>Vendor Notes: Line 3</b>	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional

**VENDOR QUICK REFERENCE NOTES:**

1. Verify address information on USPS website at: <http://zip4.usps.com/zip4>
2. If Address Verification continues to return errors after verifying address at USPS website, enter **ADDRESS VERIFIED W/USPS WEBSITE** in the **VENDOR NOTES** field.
3. If Subsidiary Company (i.e., DBA) uses the Parent Company Tax ID, use the Parent Company's Business Type and 1099 Reportable Status.
4. Before setting up a foreign vendor in AKSAS, the appropriate W-8 form needs to be provided to the DOA/DOF Vendor Auth Team. See Section 10: Vendors, Overview, Foreign Vendors, for guidance.
5. Before setting up a nonprofit vendor in AKSAS, verify the vendor's nonprofit status either with Guidestar or the IRS. See Section 10: Vendors, Overview, Nonprofit Vendors, for guidance.