

Cal State Fullerton

Vendor Setup Essentials: A Hands-On Guide

Accounts Payable & Travel Operations

January 23, 2025



Vendor Onboarding

- 204 Form Overview
- Onboarding Process
- Demo
- Questions

What is a 204 Form?

- A Payee Data Record Form (204 Form) is a W-9 substitute form used by most state agencies.
- The form gathers all legally required data as well as additional information needed for setup on the finance system.
- The Form can be used by employees, students, and non-employees
- [Payee Data Record Form 204](#)
- The form has automatic workflows and be forwarded to the team automatically, upon completion a notification will be delivered to the vendor.
- NOTE: the form collects level 1 data and should not be shared over email

Payee Data Record Form (204 Form)

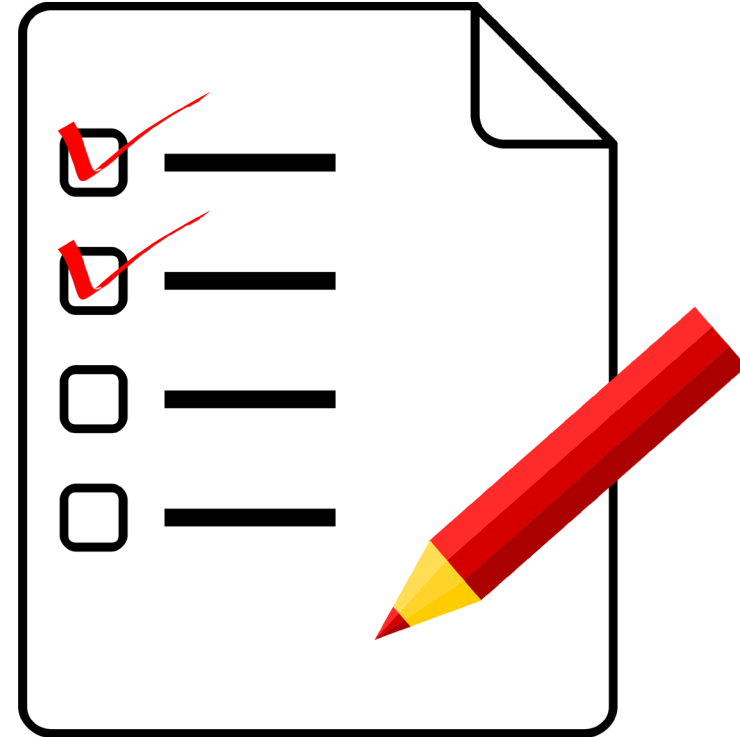
Cal State Fullerton **PAYEE DATA RECORD FORM 204**
Required when receiving payment from California State University, Fullerton
Required in lieu of IRS W-9
ACCOUNTS PAYABLE AND TRAVEL OPERATIONS | vdr@fullerton.edu
Request Type: ☐ New ☐ Modify
For Accounts Payable Use Only
Supplier ID: _____

1	PAYEE TYPE (select one) <input type="radio"/> SUPPLIER <input type="radio"/> EMPLOYEE <input type="radio"/> STUDENT <input type="radio"/> GOVERNMENT <input type="radio"/> NON-EMPLOYEE	
Payee Name: _____ Email: _____		
DBA or Sole Proprietor Owner's Full Name (Last, First, MI): _____ Phone: _____ Company Web Address: _____		
Mailing Address (Street No. or PO Box No.): _____ Remit-to Address (if different): _____		
City, State, ZIP Code: _____ Remit-to City, State, ZIP Code: _____		
2	Type of Business: <input type="radio"/> Service <input type="radio"/> Commodities No. of Years in Business: _____ Type of Service/Commodity: _____ Form of Payment Accepted: <input type="radio"/> CHECK <input type="radio"/> ACH/EFT <input type="radio"/> CREDIT CARD If ACH/EFT please submit Vendor Bank Form	PLEASE CHECK ALL APPLICABLE <input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Rent <input type="checkbox"/> Royalties <input type="checkbox"/> Other Services/Non-Med <input type="checkbox"/> Reimbursement <input type="checkbox"/> Medical Services <input type="checkbox"/> Attorney Fees <input type="checkbox"/> Equipment/Medical Supplies <input type="checkbox"/> Legal Settlement
3	SUPPLIER ENTITY TYPE (select one) <input type="radio"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.) <input type="radio"/> EXEMPT (Non-profit) Please attach a copy of 501C and California form 590 <input type="radio"/> ALL OTHER CORPORATIONS <input type="radio"/> LIMITED LIABILITY COMPANY * Select One: * Select C for C Corporation, S for S Corporation or P for Partnership	<input type="radio"/> PARTNERSHIP <input type="radio"/> ESTATE OR TRUST <input type="radio"/> CA Certified Small Business <input type="radio"/> CA Certified Small Business Public Works <input type="radio"/> CA Certified Micro Business <input type="radio"/> CA Certified Disabled Vet Business Enterprise Certification #: _____ Begin Date: _____ End Date: _____
4	TAX PAYER IDENTIFICATION NUMBER - Required by Revenue Code 18646 <input type="checkbox"/> FEIN <input type="checkbox"/> SSN FEDERAL EMPLOYER'S IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number unless considered a foreign supplier. <input type="checkbox"/> CHECK here if company does not have a location within US borders.

SOCIAL SECURITY NUMBER <input type="checkbox"/> CWID _____		location within US borders.
CAMPUS WIDE IDENTIFICATION NUMBER		
5	SUPPLIER RESIDENCY STATUS (check appropriate boxes) <input type="radio"/> CALIFORNIA RESIDENT <input type="radio"/> CALIFORNIA NONRESIDENT (See Reference Page) - Payment for services by nonresidents may be subject to state income tax withholding. REGISTERED TO DO BUSINESS IN CALIFORNIA - Please attach California form 590 SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587 PART OF SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587 FTB DETERMINATION LETTER FOR WAIVED OR REDUCED WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED US STATUS: <input type="radio"/> US Citizen <input type="radio"/> US Permanent Resident <input type="radio"/> Foreign National/Entity <input type="radio"/> US Entity	BACKUP WITHHOLDING (check appropriate box) <input type="radio"/> I am not subject to backup withholding. (select below) <input type="checkbox"/> I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends. <input type="checkbox"/> The IRS has notified me that I am no longer subject to backup withholdings. <input type="checkbox"/> I am exempt from backup withholding. <input type="radio"/> I am subject to backup withholding.
6	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT. IF MY RESIDENCY STATUS SHOULD CHANGE, I WILL PROMPTLY INFORM YOU.	
Authorized Payee Representative's Name: _____		Title: _____
Signature: _____		Telephone Number: _____
Date: _____		Email Address: _____

Onboarding Steps

- To view more detailed information on the process and to find links for all steps please follow this link:
- [New Vendor Setup Info Page](#)
- Step 1: Submit a Vendor Add/Update Request
 - This is a SmartSheets tracking page and helps us verify a 204 Form is a valid request for onboarding
 - Valid requests are verified through an approved **Check Request or Requisition**
 - Smartsheets automatically sends the 204 Form link via E-mail
- Step 2: Vendor completes the AdobeSign 204 Form
 - Form is electronically signed and delivered, DO NOT E-MAIL
- Step 3: Accounts Payable will review the form and if approved enter into the finance system
 - Vendor will receive a confirmation after completion
- Optional Step 4: If vendor would like ACH payments this form is also available on AdobeSign and delivered electronically
- [Payee Direct Deposit Form Non-Employee](#)



Questions & Answers?

