

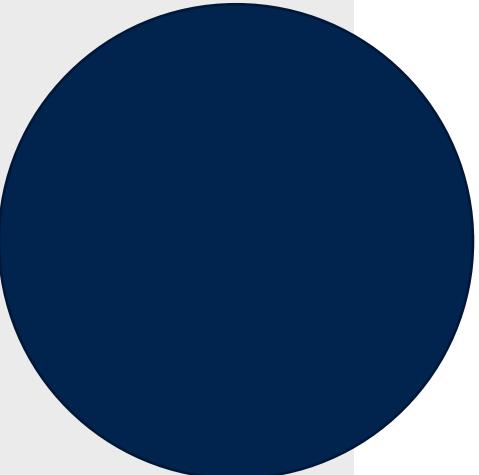
Cal State Fullerton

# Vendor Setup Essentials: A Hands-On Guide

Accounts Payable & Travel Operations

January 23, 2025





## Vendor Onboarding

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- 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

ACCOUNTS PAYABLE AND TRAVEL OPERATIONS | vdr@fullerton.edu

Request Type:  New  Modify

For Accounts Payable Use Only

Supplier ID:

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

|   |   |                                   |                             |  |
|---|---|-----------------------------------|-----------------------------|--|
| SOCIAL SECURITY NUMBER<br><input type="checkbox"/> CWID |   | CAMPUS WIDE IDENTIFICATION NUMBER | location within US borders. |  |
| 5   | SUPPLIER RESIDENCY STATUS (check appropriate boxes)<br><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.   |                                   |                             | BACKUP WITHHOLDING (check appropriate box)<br><input type="radio"/> I am not subject to backup withholding. (select below)<br><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.<br><input type="checkbox"/> The IRS has notified me that I am no longer subject to backup withholdings.<br><input type="checkbox"/> I am exempt from backup withholding.<br><input type="radio"/> I am subject to backup withholding. |
|   | REGISTERED TO DO BUSINESS IN CALIFORNIA - Please attach California form 590<br>SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587<br>PART OF SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587<br>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   |                                   |                             |  |
| 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: <input type="text"/><br>Title: <input type="text"/><br>Telephone Number: <input type="text"/>   |                                   | Date: <input type="text"/>  | Email Address: <input type="text"/>  |
|   | Signature: <input type="checkbox"/> Click here to sign  |                                   |                             |  |

# 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?

