

VENDOR DATA ENTRY SHEET

HEALTH SYSTEM Shopping Cart Vendor It is required to request a copy of the vendors Certificate of Insurance to put on file along with the Vendor Data Entry Sheet and the W9 form.
FAX OR EMAIL COMPLETED FORMS/DOCUMENTS TO ONE OF THE APPROPRIATE DEPT LISTED AT THE TOP OF PAGE 2 OF THIS FORM.
 We reserve the right to refuse ANY Vendor Request that does not have all forms completed in their entirety.

The Vendor Data Entry Sheet is used to add a new vendor or to change a current vendor's information

What is this request for: (select ALL that applies)

- Purchasing Vendor (Shopping Cart Only)
 - Health System
 - Hopkins JHCP Homecare JHHC Bayview Pharmquip
 - Sibley Suburban HCGH All Childrens
 - University
 - SPPO (University Sponsored Projects)
- Accounts Payable Online Check/Payment Request Vendor (AP Payment Vendors ONLY)
- Independent Contractor: (Select one checkbox with this option.)
 - Under \$5,000 in a calendar year (AP online check/payment requests) \$5,000 or more in a calendar year (Purchasing/Shopping Cart)

CHANGE
 Provide existing Vendor # along with providing Vendor's notification of their change.

Must provide Quote/Invoice -OR- A brief description of the service or product being provided (required for ALL requests)

VENDOR TYPE: (Select IF it applies)

- Current Johns Hopkins Employee Current Johns Hopkins Student Study Participant Guest Lecturer Award Recipient

Answer following 2 questions (Required for ALL requests):

- Is the Company/Individual performing services within the United States? YES NO
 Is the Company/Individual providing product? YES NO

Tax Form W9 is required for all US Vendors or W8 Series is required for Foreign Vendors ONLY if services are being performed within the US

W9 Employer ID # **W8 Series** Foreign #
W9 Social Security # DUNS (D&B)

Please, enter FULL name. No Abbreviations or initials. Please PRINT CLEARLY and, if possible, TYPED IS PREFERRED in all CAPS.

Vendor/Payee Name:
 W9/Physical Address:
 City: State: Zip Code:
 Invoice Payment Address:
 City: State: Zip Code:
Required for Purchasing, and Accounts Payable
 Vendor's Phone #: Ext: Vendor's Fax:
 Vendor's Sales/Ordering Email:
 (IF Company, do NOT provide an individual Representative's email address)
 Vendor's Accounts Receivable Email:

Health System Affiliate Approval: (required for ALL Health System requests)

Material Management Director @ Affiliate Level **Signature:** _____ **Date:** _____
Print Name: _____
 Administrator/ Vice President @ Affiliate Level **Signature:** _____ **Date:** _____
Print Name: _____

Requestor Information Please note form MUST be received from a Johns Hopkins Internal Source. Requestor acknowledges he/she has no personal or financial interest in conducting business with this vendor.

Requested By: **Telephone & Ext:**
Requestor Email Address: **Date:**

FAX OR EMAIL THIS COMPLETED FORM AND OTHER REQUIRED DOCUMENTS TO ONE OF THE FOLLOWING APPROPRIATE DEPARTMENTS

Health System Shopping Cart: Fax 443-997-5639 / JHHSUPPLYCHAIN@JHMI.EDU

NOTE: Materials Management senior staff at each entity will review, perform due diligence, and, IF APPROVED, will forward to the appropriate authorized signors prior to forwarding to JHHS System Support for entry.

University Shopping Cart: Fax 443-997-5699 / PURCHASING@JHU.EDU

AP Online Check/Payment Request: Fax 410-367-2447 / APVENDORMASTER@JHMI.EDU

Policies and Required Paperwork:

1. Required documents for Vendor Adds regardless of Independent Contractor or Other Vendor

Health System Shopping Cart (Only)

1. Vendor Add Form
2. W9 (for US Vendors)
3. W8 Series-(for Foreign Vendors **ONLY** if services are being performed within the US)
4. Suppliers Certificate of Liability Insurance (Policy as of 04/01/2014)

University Shopping Cart (Only)

1. Vendor Add Form
2. W9 (for US Vendors)
3. W8 Series-(for Foreign Vendors **ONLY** if services are being performed within the US)
4. Quote or Description

Accounts Payable (Only)

1. Vendor Add Form
2. W9 (for US Vendors)
3. W8 Series-(for Foreign Vendors **ONLY** if services are being performed within the US)
4. Vendor Banking Information Form and Verification (If Applicable)

Helpful Hints and Instructions:

1. List of Exceptions for Non Purchase Order Related Transactions (For the complete list of exceptions with detailed description, please go to <http://ssc.jhmi.edu/supplychain/exceptions.html>)
2. Instructions for Searching for a Vendor in SAP <http://ssc.jhmi.edu/accountspayable/DataFiles/ApVendorTips.pdf>
 - ❖ Helpful Hints for Vendor Search
 - Use all CAPS when searching for a vendor.
 - To complete alpha search for your vendor, include an asterisk (*) as a wild card in front, middle, and behind each name.
 - Limit your query information by using only the first 4 letters of the first 2 words of the vendor name, i.e.: enter **JOHN*CONT*** to find **JOHNSON CONTROLS**.
 - When searching for vendors, be aware that punctuation marks are not used, i.e.: **&** is found as **AND**.
 - Vendor names beginning with **THE** will be excluded, i.e.: **THE SNACK SHACK** will be found as **SNACK SHACK**.
3. If the Vendor request is **urgent**, please, call the appropriate department.
 - ❖ Health System Purchasing Vendors - 443-997-0990
 - ❖ University Purchasing Vendors - 443-997-1000
 - ❖ Accounts Payable/Online Payment vendors, please - 443-997-6688.
4. Independent Contractor Policies – Additional Paperwork Required
 - ❖ Service under \$5,000 in a Calendar Year
 - Submit required Forms to Accounts Payable
 - Vendor Add Form
 - W9 (for US Vendors) or W8 Series -(for Foreign Vendors, **ONLY** if services are being performed within the US)
 - [Vendor Bank Information Form](#) and Verification if applicable
 - ICA Short Form
 1. Health System - http://ssc.jhmi.edu/accountspayable/DataFiles/jhh_ica_short_form.pdf
 2. University - http://ssc.jhmi.edu/accountspayable/DataFiles/jhu_ica_short_form.pdf
 - ❖ University Service \$5,000 or more in a Calendar Year
 - Submit required forms to purchasing@jhu.edu
 - Vendor Add Form
 - Determination Letter approved by the Tax Office, independentcontracts@jhu.edu
 - Quote or brief description of the services provided
 - W9 (for US Vendors) or W8 Series -(for Foreign Vendors, **ONLY** if services are being performed within the US)
 - [Vendor Bank Information Form](#) and Verification if applicable
 - Sole Source Justification or three competitive bids, http://ssc.jhmi.edu/supplychain/policies/jhu/competitive_bidding.html
 - ❖ Health System Service \$5,000 or more in a Calendar Year
 - Submit required forms to Skent2@jhmi.edu
 - Vendor Add Form
 - W9 (for US Vendors) or W8 Series -(for Foreign Vendors, **ONLY** if services are being performed within the US)
 - Certificate of Liability Insurance
 - [Vendor Bank Information Form](#) and Verification if applicable
 - Health System Competitive Bidding Policy, http://ssc.jhmi.edu/supplychain/policies/jhhs/competitive_bidding.html
 - Any additional information, contact Steven Kent, Assistant Director Corporate Purchasing.
5. Acceptable International **Banking Verification**
 - ❖ **Company Vendors** provide invoice or letterhead containing complete wire instructions **or** the [Vendor Bank Information Form](#) completed, company signed and company-stamped.
 - ❖ **Individual Accounts** requires official bank documentation in the form of a bank letterhead with complete banking instruction, **or** individual's bank statement, **or** our completed, bank-signed and bank-stamped [Vendor Bank Information Form](#).

Other Forms:

1. Tax Forms
 - ❖ W9 (for US Vendors) - <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
 - ❖ W8 Series (for Foreign Vendors, **ONLY** if services are being performed within the US) - <http://apps.irs.gov/app/picklist/list/formsInstructions.html?value=w-8&criteria=formNumber>
2. Vendor Bank Information Form - http://ssc.jhmi.edu/accountspayable/DataFiles/banking_info.pdf
3. Other forms can be found at
 - ❖ Accounts Payable <http://ssc.jhmi.edu/accountspayable/forms.html>
 - ❖ Purchasing - <http://ssc.jhmi.edu/supplychain/forms/index.html>