



Supplier Registration Submission Guide

This registration is for NEW, domestic suppliers doing business with the University System of Georgia. To continue please click the Register as Supplier link in the supplier registration email.

NOTE: USG employees, students, student employees, retirees and businesses associated with the aforementioned, cannot use this process for vendor registration. Please contact the HR department at the institution to determine the best method for payment.

Step 1. Welcome

- A. What type of entity do you represent?
 - a. Please select one of the following Business or Individual.

Select an activity below: ⓘ

Start a new registration form

What type of entity do you represent?

Business

Individual

Continue from where you left

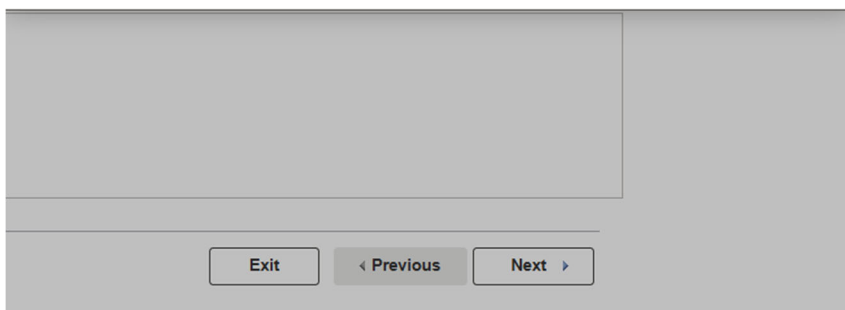
* Required field

Exit
← Previous
Next ▶

NOTE: If you choose Individual, you will receive the message below:

Do you wish to register as an Individual supplier? (If Sole Proprietorship, please choose business) (10320,1020)

Yes
No



Please select Yes for an Individual or No to go back and select Business. Then click Next to continue.

Step 2. Identifying Information



1. Unique ID & Company Profile

- A. Tax Identification Number – Please provide an EIN or SSN, depending on whether you are operating as a business or an individual, that corresponds to the entity name.
- B. Company or Individual Name - The Entity Name MUST match the IRS records for your tax filing, whether business or individual.
- C. Additional Name or DBA - If applicable, enter a DBA (Doing Business As) or Disregarded Entity Name.
- D. Business Website- Please enter a web address, if applicable.
- E. Classification – Please select the correct Federal Tax Classification from the dropdown list as you have indicated in box 3a of the W-9. Review carefully as these two should match.

* Classification

A screenshot of a dropdown menu for the "Classification" field. The menu is open, showing a list of options. The options are: C Corporation, Catalog, Federal, Individual/Sole Proprietor, International Vendor, LLC taxed as C Corp, LLC taxed as S Corp, LLC taxed as a Partnership, NonProfit, Partnership, S Corporation, State, and Trust/Estate. The menu has a dark header and a light body with a scroll bar on the right side.

- C Corporation
- Catalog
- Federal
- Individual/Sole Proprietor
- International Vendor
- LLC taxed as C Corp
- LLC taxed as S Corp
- LLC taxed as a Partnership
- NonProfit
- Partnership
- S Corporation
- State
- Trust/Estate



F. Please attach a complete, current revision of the W-9 using the link located on the right of the screen to Add Attachment.

Unique ID & Company Profile

* Tax Identification Number

* Entity Name

Additional Name or DBA

Business website

* Classification

Add Attachment

Click Add Attachment.

Supplier Attachment

Attachments

| File Name | Description | User | Name |
|-----------|-------------|------|------|
| View | | | |

Adding large attachments can take some time to upload, therefore, it is advisable to save the transaction before adding large attachments.

Add Attachment

OK Cancel

Click Choose Files and locate the W9 on your computer or device and then click Upload. When the upload completes, click OK.

Attachments

| File Name | Description | User |
|-----------|-------------|------|
| View | | |

Adding large attachments can take some time to upload, therefore, it is advisable to save the transaction before adding large attachments.

Add Attachment

OK Cancel

File Attachment

You may attach up to 99 files to upload

Choose Files Test W9.docx

Upload Cancel



2. Profile Questions

- A. Exempt payee code: If applicable, but not typical.
- B. Exemption from FATCA reporting code: If applicable, but not typical.
- C. Inviting Institution: Please click the magnifying glass to the right of the field and select the institution that you are doing business with from the list displayed.

The screenshot shows a form field for 'Inviting Institution' with a magnifying glass icon. A dropdown menu titled 'Look Up List' is open, displaying search criteria and a list of institutions.

Search Criteria:

- Question ID: List Line Number =
- INSTITUTIO: [Empty field]
- List Item: begins with

Buttons: Search, Clear, Cancel, Basic Lookup

Search Results:

| List Line Number | List Item |
|------------------|---|
| 1 | Abraham Baldwin Agricultural College |
| 2 | Albany State University |
| 3 | Atlanta Metropolitan State College |
| 4 | Board of Regents (University System Office) |

- D. Are you primarily a supplier of services? Answer **Yes or No**
NOTE: Federal Tax classifications that are subject to withholding include Individual/sole proprietorship, Partnership, and LLC taxed as Partnership.

If you are subject to withholding based on the Federal Tax Classification chosen on the W-9, you must answer yes to either Goods or Services.

You must select the type of service. If you are providing goods and not services, you may select "Not applicable/Do not expect to provide services". You may also provide both.

- E. Please select the service that you expect to receive payment for or select 'Not applicable/Do not expect to provide services' if not providing services.: This is a required, active selection.
 - a. Click the magnifying glass to select the type of service you are providing or select "Not applicable / Do not expect to provide services", if you aren't providing services.
 - b. Click **Return**.



* Please select all services that you expect to receive payment for or select 'Not applicable' if not providing services.

* Will you be selling supplies, goods, or merchandise to USG?

Additional Reporting Elements ⓘ

*Sm Disadvantaged Business : If applicable, select one

Ethnicity Minority (51% or More)

Please

Em

| List Line Number | | List Item |
|------------------|--------------------------|--|
| 1 | <input type="checkbox"/> | Not applicable / Do not expect to provide services |
| 2 | <input type="checkbox"/> | Registration |
| 3 | <input type="checkbox"/> | Repairs/maintenance |
| 4 | <input type="checkbox"/> | Expense reimbursement as a non-employee |
| 5 | <input type="checkbox"/> | Legal Services |

F. Will you be selling supplies, goods, or merchandise to USG? Answer **Yes** or **No**

3. Additional Reporting Elements – These items support reporting to the Governor. Please complete them as applicable.

A. Small Disadvantage Business: Select one of the following from the drop-down menu.

Additional Reporting Elements ⓘ

*Sm Disadvantaged Business

: If applicable, select one

- : If applicable, select one
- A) 8(a) Contract Award
- B) 8(a) with HUBZone Priority
- C) SDB Set-Aside
- D) SDB Price Evaluation Adjust
- E) SDB Participating Program
- F) Not Applicable



B. Ethnicity Minority: Select one of the following from the drop-down menu.

Ethnicity Minority (51% or More)

▼

- African American
- Asian American
- Hispanic - Latino
- Native American
- Other
- Pacific Islander
- Prefer Not to Disclose

NOTE: If you select Other, you must specify the other ethnicity in the box to the right that will appear.

Ethnicity Minority (51% or More) Other ▼

Specify Ethnicity OTHER

C. Number of employees: Select one of the following from the drop-down menu.

Number of Employees

: If applicable, select one ▼

: If applicable, select one

- A) 10 or less
- B) 11 - 100
- C) 101 - 300
- D) 301 - 1,000
- E) 1,001 or more

D. Veteran-owned business: Select one of the following from the drop-down menu.

Veteran Owned Business

: If applicable, select one ▼

: If applicable, select one

- Not Veteran Owned Sm Business
- Service Disabled VOSB
- Veteran Owned Business



- E. Please select all that apply:
 - a. Emerging Small Business
 - b. Women-Owned Business
 - c. Minority Owned Business
 - d. Georgia Resident Business

Comments: Enter any comments pertaining to you and your services that we should know.

Step 3: Addresses – USA should be the country selected.

1. Type USA or click the magnifying glass to select the country, if needed.

* Country United States

2. Primary Address

- a. Provide your street address, city, state, and zip code.
 - i. Please click the magnifying glass to the right of the state field and select the appropriate state or enter the 2-character state abbreviation.

State

If you receive an error when selecting the State, delete the data from the field and select using the magnifying glass.

- b. Enter Email
3. Other Addresses – **Only needed if different than the primary address. Toggle the appropriate address.**
 - a. Remit address for remitting payments, if different than the primary address.
 - b. Invoice address, if different than the primary address.

Step 4: Contacts

1. Company Contacts – **One contact is required.**
 - a. Click on add contact.
 - b. Please fill out the contact information section.
 - c. First Name, Last Name, Email ID (email address), and Telephone Number are required.
 - i. NOTE: This is the contact information **for you or your business** – **NOT** the institution contact.



Add Contacts

Contact Information ⓘ

Description

* First Name Primary Contact

* Last Name

Title

* Email ID

* Telephone Ext

Fax Number

Contact Type

User Profile Information ⓘ

Language Code

Currency Code

Step 5: Payment Information

1. Payment Preferences

- a. 1099 reportable - Please select if you are subject to reporting/withholding.

Federal Tax classifications **subject to withholding include Individual/sole proprietorship, Partnership, and LLC taxed as Partnership.**

Welcome Identifying Information Addresses **Contacts** **Payment Information** Submit

Exit Save for Later < Previous Next >

Payment Information - Step 5 of 6

Electronic vendor payments are required per state policy. Please provide ACH information to allow direct deposit payment for your invoices.

Suppliers may receive a phone call from a "478" area code to verify the information entered.

Payment Preferences ⓘ

Please toggle 1099 reportable if you/your business is subject to reporting as indicated above.

1099 reportable

Select to receive payment advices via email.

Email Address

*Payment Method - select ACH(direct deposit) or System Check



- b. Toggle the box if you wish to receive email payment notifications when payments are made to you.
 - i. Enter the email address for you to receive payment notifications.

Welcome Identifying Information Addresses Contacts **Payment Information** Submit

Exit Save for Later < Previous Next >

Payment Information - Step 5 of 6

Electronic vendor payments are required per state policy. Please provide ACH information to allow direct deposit payment for your invoices.

Suppliers may receive a phone call from a "478" area code to verify the information entered.

Payment Preferences ?

1099 reportable
 Select to receive payment advices via email.

Email Address

*Payment Method - select ACH(direct deposit) or System Check
Automated Clearing House

****Please note that state policy requires electronic disbursements, typically referred to as ACH, EFT or direct deposit, to be used for payments to contractors/vendors. These electronic disbursements are more fiscally responsible, secure, expedite payment turnaround time and relieve additional work from the institutions.**

- c. Payment Method: Automated Clearing House (ACH) for Direct Deposit (Required) or System Check.
 - i. For ACH – Automated Clearing House for Direct Deposit – Enter Banking Information
 - ii. Please include the Name on Account for validation purposes.
 - iii. Routing Number (ABA Number) can be found on your check at the bottom left-hand side, the first set of numbers you see.
 - iv. Account Number can be found to the right of the routing number at the bottom left-hand side of your check.
 - v. Indicate the Account Type.
 - vi. Next



Supplier Banking Information ?

Bank Name

Name on Account

Account Type

Routing / ABA Number

Bank Account Number

*Required Field

Exit Save for Later < Previous Next >

Step 6: Submit

1. Please review the information you provided.
 - a. Enter your email address for communication.
 - b. Read the Terms of Agreement.
 - c. Select the box to accept the Terms of Agreement.
 - d. Click Submit – You will not be able to submit if you don't accept the terms of the agreement.

Welcome Identifying Information Addresses Contacts Payment Information **Submit**

Exit Save for Later < Previous Next >

Submit - Step 6 of 6

Select the "Review" button to review the registration information.

Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

Email communication regarding this registration will be sent to:

Terms and Conditions ?

Make sure you read terms of agreement fully before submitting your registration.

Select to accept the Terms of Agreement below.

[Terms of Agreement](#)

Review Submit

Exit Save for Later < Previous Next >

NOTE: Once the registration is submitted, you will receive an email confirmation from the email address donotreply@usg.edu. Please be sure to check your junk or spam folders for the confirmation email.



DO NOT reply to the email you received the registration invitation email to with questions. Please submit all questions or request assistance by sending an email to support@usg.edu.

Save For Later Option

**There is a save for later option if you need to save the registration and come back later to finish. If you save for later, please follow these steps.

You will be asked if you want to Continue the registration now, and select yes or no.

1. When you select save for later you will receive an email with a registration ID.
2. You will need to reference the original email and use the link to go back into the registration portal.
3. On the screen below, **select Continue from where you left**: This can be selected on the first page of the registration portal when you have started the registration but are unable to finish.

Select an activity below: ?

Start a new registration form

What type of entity do you represent?

Business

Individual

Continue from where you left

4. You will see the page change slightly. Enter the **registration ID** from the email in the Registration ID field.

Select an activity below: ?

Start a new registration form

Continue from where you left

* Registration ID
Forgot your registration ID?

R03630

5. Click the small arrow to the right of the Registration ID as indicated by the highlighted area or click Enter on your keyboard. This will open the Tax Identification Number field.

Select an activity below: ?

Start a new registration form

Continue from where you left

* Registration ID
Forgot your registration ID?

R03630



Select an activity below: ?

Start a new registration form

Continue from where you left

* Registration ID 

* Tax Identification Number

[Forgot your registration ID?](#)

6. Then enter in the Tax Identification Number you entered into the registration when you started and saved it.
7. Click Next
8. You will be able to start where you left off.
9. Follow the remaining steps to complete and submit the registration.