

DIFS Supplier Portal Registration via Registration Link

The District of Columbia has implemented a new financial system, DIFS – District Integrated Financial System, effective October 3, 2022. This requires registration of suppliers into the system. Once registered, suppliers will have the option to make updates to contact, address, banking, and business classification information as needed. This job aid shows step-by-step the instructions for suppliers to register in the system and update their banking information for payment.

Instructions

Thank you for your interest in doing business with the District. In order to process your invoices and payments, you must register your name or business entity via the DIFS Supplier Portal. To register, please go to https://cfo.dc.gov/supplier_portal and click on the *New Supplier Registration* button. For any questions, email us at supplier_portal and click on the *New Supplier Registration* button. For any questions, email us at supplier_portal and click on the *New Supplier Registration* button. For any questions, email us at supplier_gov, or call us at 202-442-6870 Monday through Friday, 8:00 a.m. to 5:00 p.m. ET.

Before registering your name or business entity information, please have all the required forms filled out and completed, see the *Forms to Complete for Submission* section on the following page. Not submitting this information will delay your registration.

Registering to become a District of Columbia Supplier

This document provides step-by-step instructions for registering your supplier profile. There are six (6) sections to be completed in the registration process

- 1. <u>Company Details Page 3</u>
- 2. Contacts Section Page 10
- 3. Addresses Section Page 15
- 4. Business Classifications Section Page 19
- 5. Bank Accounts Section Page 23
- 6. Review Section Page 26
- 7. Confirmation Registration Submitted Page 27
- 8. Version History Page 28
- Within the DIFS Supplier Portal, required fields are indicated by an asterisk (*).

• There are some fields in DIFS that are not required; however, they are required in the DIFS Supplier Process – these fields are highlighted in yellow and bolded. *Please be sure to enter information in these fields, or this can delay your account being approved.*

- This symbol will indicate an important note.
 - It is mandatory to complete the required forms to submit prior to starting the registration process. See the *Forms to Complete for Submission* section on the next page for requirements.
 - If the submitted profile is rejected, the Supplier must create a new profile and re-submit for approval.

System Requirements

- Default Browser: For best performance of Oracle Fusion Applications, use the latest browser version of Mozilla Firefox. Other browsers that can be used include Apple Safari, Google Chrome, Internet Explorer to be the fastest, in that order.
- Blocked Pop-ups: Fusion Application Notifications are opened as pop-ups. If you have the Pop-ups disabled by default as per your security policies, the browser will block the notifications from Fusion Applications.



System Requirements (continued)

- Site Exceptions: Here are the URLs for all Fusion Applications notifications to add them as exceptions (e.g., Chrome):
 - 1. Navigate within the browser, e.g., Chrome > Settings > Show advanced settings > Privacy > Content Settings > Pop-ups > Manage exceptions
 - 2. Add these exceptions:
 - [*.]oracle.com
 - [*.]oraclecloud.com
 - [*.]oracleoutsourcing.com

Forms to Complete for Submission

Below is an explanation of the forms to submit prior to starting the registration process.

- A tax form from the Internal Revenue Service (IRS) must be submitted. Select the appropriate tax form to submit.
- Payment via Direct Deposit is not required but recommended. To receive payment via Direct Deposit, please provide a voided check or submit a letter from the bank. If the voided check or a bank letter is not submitted with the registration, the default payment method will be via a paper check.



Note: A voided check or bank letter can be submitted in the future, when payment via Direct Deposit is desired.

All forms must be fully completed and signed. Not submitting this information with your registration will delay the process.

These forms can be downloaded via the <u>https://cfo.dc.gov/supplier_portal</u> and click on the *Resources* button.

- 1. IRS Form W-9, Request for Taxpayer Identification Number and Certification for U.S. based individuals or business entities.
- IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) or Form W-8 BEN-E, Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) – for Foreign based individuals or business entities.



Note: The letter from the bank must contain the following:

- 1. Must be on bank letterhead certifying ownership of the bank account.
- 2. Date of Letter No less than 60 days old from the time of submission.
- 3. Name and address of the Bank U.S. based banks only. No foreign banks will be accepted.
- 4. Individual's name, Business or Company Name.
- 5. Business Address.
- 6. Business Tax ID.
- 7. Type of Account Checking or Savings.



Register Supplier: Company Details



Register Supplier Company Details page

- Go to the Supplier Portal Registration webpage at <u>https://cfo.dc.gov/supplier_portal</u> and click on the *New Supplier Registration* button.
- · The Register Supplier: Company Details page will display.
- Each grouping below in the **Company Details Section 1** the following pages.



is explained in

1 This is the LIVE PRODUCTION Instance			
D ∎≓S			Sign In
Register Supplier: Company Details		Details Classificatore Accounts Back Regt Save for Later Register []	Cancel
Taxpayer ID must be entered as numbers w Attach your W-9 by clicking on + under Atta			
If banking information is being added attack			l
	* Company	Children and the second s	
	* Tax Organization Type	* Tax Country	
	* Supplier Type		
	Corporate Web Site	Taxpayer ID Tax Registration Number	
	* Attachments None +	Note to Approver	
	If banking information is being added attach your bank letter or VOID check.		
Additional Information			
SOAR	Vendor No	Workman's Compensation Provider	
PA	SS Vendor	Third Party Vendor	
PeopleS	oft Vendor	Third Party System	
People Soft Ve	ndor Type	DUNS Number Duplicate	
People Soft Add	ress Code	Inactive Reason	
FEI SSI	N Indicator	National Provider Identifier (NP)	
MED Pa	y Indicator	External Supplier ID	
Tax Offs	et Exempt	NOGA Supplier	
Vour Contact Information			
Your Contact Information Enter the contact information for communications regarding	this registration.		
	ta un		
	* First Name		
	* Email		
	* Confirm Email		





- **Company Details: Basic Company Details** Enter the information in the following fields:
- **A.** Company (required) Enter the individual's name or business name. The system will enter this information in capital letters.
- B. Tax Organization Type (required) Select a corresponding value from the list.
- C. Supplier Type (required) Select a corresponding value from the list.
- D. Corporate Web Site (optional) Enter the individual's or company website URL address.
- E. Attachments (required) Attach the corresponding following forms:
 - 1. Domestic Company Must provide a completed and signed IRS Form W-9, Request for Taxpayer Identification Number and Certification.
 - Foreign Entity Must provide a completed and signed IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) or Form W-8 BEN-E, Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities).
 - Voided Check To receive Direct Deposit Payment, please upload an image of a voided check. If no voided check is attached, the default payment will be disbursed via paper check.
 - 4. Letter from the Bank (optional) Only U.S. banks are eligible for Direct Deposit Payment. No foreign bank accounts are accepted. If no voided check or a bank letter is attached, the default payment will be made via paper check.

Register Supplier: Company Details ⑦						
Taxpayer ID must be entered as numbers with no spaces or dashes.						
Attach your W-9 by clicking on + under Attachments tab.						
If banking information is bei	ng added attach your bank letter or VOID check.					
A * Company						
B * Tax Organization Type	~					
C * Supplier Type						
Corporate Web Site						
E * Attachments	None -					
	If banking information is being added attach your bank letter or VOID check.					



For questions or support contact us at support contact us at suppliers@dc.gov or call us at 202-442-6870



Company Details: Adding Attachments – Follow the steps below to add the required attachments.

A. Attachments (required) - Click on the Attachments + button. Accepted File types include Word, Excel, PowerPoint, PDF, Zip files, Image files (png, jpg). Maximum file size is 2GB.

Note: All attachments, including those required for Direct Deposit Payment must be attached

* Company	
* Tax Organization Type	~
* Supplier Type	~
Corporate Web Site	
A * Attachments	None + 1m
-	If banking information is being added attach your bank letter or VOID check.

The Attachments window will open.

B. File Name or URL (required) - click on the Choose File button.

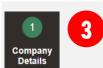
Attachments					×
Actions 🔻 View	• + ×	В			
Туре	Category	* File Name or URL	Title	Description	Attached By
File 🗸	From Supplier	Choose File No file chosen			anonymous
Rows Selected 1		\sim			•
					O <u>K</u> <u>C</u> ancel

- C. A file window will open on your computer.
- D. Find and select the file to upload.
- E. Click on the **Open** button.

$\leftarrow \rightarrow \checkmark \uparrow \cong \Rightarrow$ This PC	> Documents >	ت ب	> Search	Documents
Organize New folder		^		•
 Quick access Desktop Downloads Documents Pictures 	ACH FORM for Co			Sele to p
	✓ <			>
File name:			✓ All files	



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Company Details: Adding Attachments (continued) – Provide a description for the file.

- F. Title (optional) Click on the field, and the information for this field will auto-populate with the file name of the uploaded file.
- G. Description (optional) Provide an explanation about the uploaded file.
- H. To add additional files, click the + button and follow steps B-G in this section.

A	ttachments					×
	Actions View	+ ×			G	
	Туре	Category	* File Name or URL	Title	Description	Attached By
	File 🗸	From Supplier 🗸	fw9.pdf Update	fw9.pdf		anonymous
	•					•
	Rows Selected 1					
						O <u>K</u> <u>C</u> ancel

I. Once all the files are loaded, click the **OK** button to save the information.

уре	Category	* File Name or URL	Title	Description	Attached
File 🗸	From Supplier 🗸	Direct Deposit Information.pdf	Direct Deposit Information	Direct Deposit Information	anonymou
File 🗸	From Supplier \checkmark	Bank Letter - Suntrust Bank.pdf	Bank Letter - Suntrust Bar	Bank Letter - Suntrust Bar	anonymo
File 🗸	From Supplier \checkmark	fw9.pdf Update	fw9.pdf	w9	anonymo



Company Details: Company Tax Information – Enter a value for at least one of the fields below:

- A. D-U-N-S Number (optional) Enter the company's Dun & Bradstreet Data Universal Numbering System (D-U-N-S) number.
- B. Tax Country (required) Select a corresponding value from the list.

Select one option below. Either Taxpayer ID (US based individual/company) OR Tax Registration Number (Foreign individual/company).

C. Taxpayer ID (required) – Required for U.S. based individuals or companies, enter Taxpayer ID. Enter the Tax ID with no dashes, for example: instead of entering 12-3456789 enter 123456789.

Note: Must select a Tax Country for this field to be made available.

- D. Tax Registration Number (required) Required for Foreign based individuals or companies, enter Tax Registration Number. Note: Must select a Tax Country for this field to be made available.
- E. Note to Approver (optional) Enter a note to the Approver.

A D-U-N-S Number	
B * Tax Country	
C Taxpayer ID	
D Tax Registration Number	
E Note to Approver	





Company Details: Additional Information – Fill out the information in the fields below only if they apply to you or your company:

- A. SOAR Vendor No (optional) Enter your company's SOAR vendor number if you have one.
- B. PASS Vendor (optional) Select a value of 'No' or 'Yes'.
- C. PeopleSoft Vendor (optional) Select a value of 'No' or 'Yes'.
- D. PeopleSoft Vendor Type (optional) Select a value.
- E. PeopleSoft Address Code (optional) Type a value.
- F. FEI SSN Indicator (optional) Select a value.
- G. MED Pay Indicator (optional) Select a value of 'No' or 'Yes'.
- H. Tax Offset Exempt (optional) Select a value of 'No' or 'Yes'.
- I. Workman's Compensation Provider (optional) Select a value of 'No' or 'Yes'.
- J. Third Party Vendor (optional) Select a value of 'No' or 'Yes'.
- K. Third Party System (optional) Select a value.
- L. DUNS Number Duplicate (optional) Type a value.
- M. Inactive Reason (optional) Enter a reason.
- N. National Provider Identifier (NPI) (optional) Enter information.
- O. External Supplier ID (optional) Enter information.
- P. NOGA Supplier (optional) Select a value of 'No' or 'Yes' if you are a Notice of Grant Award (NOGA) grantee.

Additional Information		
A SOAR Vendor No		Workman's Compensation Provider
B PASS Vendor	•	J Third Party Vendor
C PeopleSoft Vendor	•	Third Party System
PeopleSoft Vendor Type	•	DUNS Number Duplicate
E PeopleSoft Address Code		
FEI SSN Indicator	•	National Provider Identifier (NPI)
G MED Pay Indicator	•	O External Supplier ID
Tax Offset Exempt	•	P NOGA Supplier





Company Details: Contact Information – Enter the contact information for communications regarding the registration in the following fields:

Note: The contact information entered here becomes the Administrative contact by default.

- A. First Name (required) Enter the contact's first name.
- **B.** Last Name (required) Enter the contact's last name.
- C. Email (required) Enter the contact's email address.
- D. Confirm Email (required) Re-enter the contact's email address.

Your Contact Information Enter the contact information for communications regarding this registration.				
A * First Name B * Last Name C * Email D * Confirm Email				



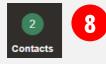
Complete Company Details: Verify all information is entered correctly.

A. Click on the *Next* button to move to the **Contacts section 2**.

		1 — 2 - Company Contacts Details	3 4 - Addresses Business Classification	Bank Review	1	A	1
Register Supplier: Company Details ⑦							
Taxpayer ID must be entered as numbers with no spaces or dashes. Attach your W-9 by clicking on + under Attachments tab.							
If banking information is being added attac	ch your bank letter or VOID check						
* Company	FUN 2 TRAVEL COMPANY				D-U-N-S Number		
* Tax Organization Type	Sole Ownership 🗸				* Tax Country	United States 🔹	
* Supplier Type	Vendor-Individual				* Taxpayer ID	123-45-6789	
Corporate Web Site				Tax Re	gistration Number		
* Attachments	Bank Letter - Suntrust Bank.pd 🕂 🗙				Note to Approver		
	If banking information is being added attac	h your bank letter or VOID o	check.				
Additional Information							
SOAR Vendor No			Wo	rkman's Compensation	Provider	•	
PASS Vendor	•			Third Part	y Vendor	•	
PeopleSoft Vendor	•			Third Party	y System	-	
People Soft Vendor Type	·			DUNS Number I	Duplicate		
PeopleSoft Address Code				Inactive	Reason		
FEI SSN Indicator	•			National Provider Identi	fier (NPI)		



Contacts Section



Contacts Section – The contact person's name entered in Step 6 will appear in the Name field.

A. Click on the *Edit* button to add a supplier role to the contact.

ORACLE) Sign In
	Company Contacts Addresses Business Bank Classification: Account	Review				
Register Supplier: Contacts ⑦			Back	Save for La	ter Register	Cancel
Enter at least one contact. Actions View Vormat V + Create P Edit V Delete	reeze 🗟 Detach 🚽 Wrap			NATA TALAY IN		1979 B 1974
Name	Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Traveler, Mary		fun4utravel2@gmail.com	~	~	Im	×
Columns Hidden 7						

Contacts Section (continued) – The *Edit Contact:* window opens. Add additional information.

- B. Salutation (optional) Select from the list of values a salutation of Mr., Mrs., or Ms.
- C. First Name (required) The contact's first name defaults as entered from <u>Step 6</u>.
- D. Middle Name (optional) Enter the contact's middle name.
- E. Last Name (required) The contact's last name defaults as entered from Step 6.
- F. Job Title (optional) Enter the contact's job title.
- G. Administrative contact (defaults) By default, this box will be checked for the contact entered from Step 6 to become an Admin contact. Optionally, additional contacts can be added as either Admin or Non-Admin contacts see <u>Step 8Q</u> to create additional contacts.
- **H. Phone or Mobile Number (required)** Must enter a phone number. Select the country code and enter either a Phone or Mobile telephone number.
- I. Fax (optional) Enter the contact's fax number.
- J. Email (required) The contact's email address defaults as entered from Step 6.
- K. Request user account (defaults) By default, this box will be checked for the contact entered from Step 6 to receive a user account to the email address provided.
- L. Role (defaults) The role defaults to '**DIFS Supplier Portal Self Service JR**' with Description that states, 'Provides access to supplier portal overview and manage supplier profile.'



Note: Leave the default role information as is, Do Not Remove!



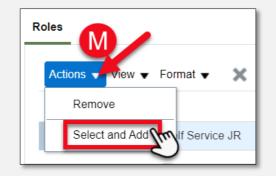
OFFICE OF THE CHIEF FINANCIAL OFFICER

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	y Traveler	
B Salutation	Ms. 🗸	
* First Name	Mary	
Middle Name		
* Last Name	Traveler	J * Email fun4utravel2@gmail.com
F Job Title		
G	 Administrative contact 	
User Accou	nt	
	Request t	user account
Roles		
Actions 👻 View	🔻 Format 👻 🔀	🔟 Freeze 📺 Detach 🚚 Wrap
		Description
Role		

Contacts Section (continued) – Optional for NOGA Grantees/Suppliers only – Follow the steps below to add an additional role to submit NOGA invoices and view payments to any of your contacts.

M. In the Roles section, click on Actions, then click on 'Select and Add'.







Contacts Section (continued) – Optional for NOGA Grantees/Suppliers only.

- N. Click on the role '**DIFS Supplier Portal Invoice Transaction JR'** with Description that states, 'Provides access to create invoices.'
- O. Click the **OK** button to save the information.

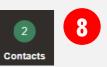
Select and Add: Roles	×
Search	
Role	Description
	Search
View ▼ Format ▼ 🚽 Wrap	
Role	Description
DIFS Supplier Portal Invoice Transaction JR	Provides access to create invoicesDO NOT EDIT, PRODUC
DIFS Supplier Portal Self Service JR	Provides access to access supplier portal overview and manag
Rows Selected 1	0
	Apply OK MGancel

Contacts Section (continued) – Review the information on the *Edit Contact:* window.

P. Click the **OK** button to save the information.

Edit Contact: Mary	y Traveler		
Salutation	Ms. 🗸	Phone	
* First Name	Mary	Mobile	
Middle Name		Fax	
* Last Name	Traveler	* Email	fun4utravel2@gmail.com
Job Title			
	Administrative contact		
Actions View	✓ Request us	IIII Freeze III Detach 🚽 Wrap	
Role		Description	
DIFS Supplier F	Portal Invoice Transaction JR	Provides access to create invoicesDO NOT EDIT, PRO	ODUCTION ROLE
DIFS Supplier F	Portal Self Service JR	Provides access to access supplier portal overview and m	manage supplier profilePRODUCTION ROLE, DO NOT EDIT
			Port





Contacts Section (continued): Add additional contacts.

Q. To add additional contacts, click on the **Create +** button.

	Company Contacts Addresses Business Details					<u> </u>
Register Supplier: Contacts ②			Back N	e <u>x</u> t	er 🛛 Registe	[] <u>C</u> ancel
Enter at least one contact.	X Delete Freeze Detach Wrap					
Name	Job Title	Email	Administrative Contact	Request User Account	Edit	Delete
Traveler, Mary		fun4utravel2@gmail.com	~	~		×
Columns Hidden 7						

Contacts Section (continued) – The *Create Contact:* window opens. Add information for the new contact.

- R. Salutation (optional) Select from the list of values a salutation of Mr., Mrs., or Ms.
- S. First Name (required) Enter the contact's first name.
- T. Middle Name (optional) Enter the contact's middle name.
- U. Last Name (required) Enter the contact's last name.
- V. Job Title (optional) Enter the contact's job title.
- W. Administrative contact (optional) Select the checkbox to indicate the contact is an administrative contact who will be notified of the registration review outcome.

Note: Leave the box unchecked for Non-Administrative contacts who will perform other duties such as submit invoices.

- **X.** Phone or Mobile Number (required) Must enter a phone number. Select the country code and enter either a Phone or Mobile telephone number.
- Y. Fax (optional) Enter the contact's fax number.
- Z. Email (required) Enter the contact's email address.
- AA.Request user account (optional) Check this box for the contact to receive a user account to the email address provided.
- BB.Role (defaults) If 'Request user account' box is checked, the role defaults to 'DIFS Supplier Portal Self Service JR' with Description that states, 'Provides access to supplier portal overview and manage supplier profile.'

Note: For NOGA Grantees/Suppliers only – you must add an additional role to submit NOGA invoices and view payments, view Steps 8M-8O for instructions.



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Contacts Section (continued) – The Create Contact: window.

CC. Click the **OK** button to save the information.

Create Contact						
R Salutation	\checkmark		Phone	•		
S * First Name			Mobile	•		
Middle Name			Y Fax	•		
U * Last Name			Z * Email			
Job Title			-			
	Administrative contact					
User Account						
	AA Request user accou	nt				
Roles						
Actions View View	Format 🔻 🗙 🛃 🌆 Free	eze 📄 Detach 🚽 Wrap				
Role	Descri	ption				-
						СС
					Create Anot	her O <u>Kom</u> Cancel

Contacts Section (continued)

- DD. The contact entered in the previous step will display.
- EE. Click on the *Next* button to move to the Addresses section 3.

	Company Co Details	2 3 - ntacts Addresses		k Review	EE			
Register Supplier: Contacts ⑦	Details		Classifications Accou	115	Back	ext Save for Later	Register	<u>C</u> ancel
Enter at least one contact.	-							
Actions ▼ View ▼ Format ▼ + Create 🖋 Edit 💥 Delete	Freeze Detach	📣 Wrap						
					Administrative	Request User		
Name DD		•	Job Title	Email	Contact	Account	Edit	Delete
Name DD Smith, Tony			Job Title Billing specialist	Email TSmith@fun4utravel2.com			Edit	Delete
					Contact	Account	Edit	



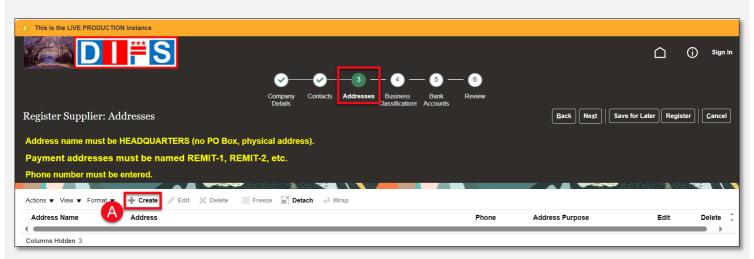
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Addresses Section



Addresses: Enter address information (required).

A. Click the Create button to enter the address information.



Create Address (continued): The Create Address window opens. Enter the address information.

- **B.** Address Name (required) Enter the name of the address using one of the following names in ALL CAPS:
 - 1. HEADQUARTERS This is the address on the IRS Form W-9 or IRS Form W-8BEN.
 - 2. REMIT TO These are payment addresses. If entering multiple REMIT TO addresses, include a dash in the REMIT name, i.e., REMIT TO-1, REMIT TO-2, etc.
 - 3. ORDERING
- **C.** Country (required) This defaults to *United States*. Select the correct country name if the default does not apply.
- **D.** Address Line 1 (required) Enter the first address line information. Headquarters address cannot be a P.O. Box address.
- E. Address Line 2 (optional) Enter the second address line information (i.e., Suite or Apartment number, building name).
- F. City (required) Enter the name of the city.
- G. State (required) Select the state name from the dropdown list of values.
- H. Postal Code (required) Enter the zip code.



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Create Address (continued): Create Address window.

- I. Address Purpose (required) Select one or more options below.
 - Ordering Select if receiving Purchase Orders to this address.
 - Remit to Select if receiving Payments to this address.
- J. **Phone (required)** Enter phone number, starting with the country code.
- K. Fax (optional) Enter the contact's fax number.
- L. Email (required) Enter email for a contact for this address.

Create Address							
B * Address Name			Address	s Purpose	Ordering		
C * Country	United States	•	-		Remit to RFQ or Bidding		
Address Line 1			J	Phone 1			
Address Line 2				K Fax 1	•		
F * City			0	Email			
G * State		•					
+ Postal Code							
Address Contacts Select the contacts that are assoc	ciated with this address.						
Actions ▼ View ▼ Format ▼	🗙 🛃 🏢 Freeze 😭	Detach 📣 Wrap					
Name			Jol	b Title	Email	Administrative Contact	User Account
Columns Hidden 4							
						Create Anothe	O <u>K</u> <u>C</u> ancel

Create Address: Address Contacts (continued) – optional step. After filling out the address information, you can select previously entered contacts and associate them to the newly created address.

M. To associate an existing contact, click on Actions, then click on Select and Add.

Address Contacts								
Select the contacts that are associated with this address.								
Actions 🗸 🕅 🗸 Format 👻 🚍 🏢 F								
Remove								
Select and Add								
Columns Hidden								





Create Address: Address Contacts (continued) – The **Select and Add: Contacts** window opens, and the names of available contacts will display.

- N. Select a name of a contact, the name will be highlighted in blue.
- O. Click on the **OK** button.

Select and Add: Cont	acts		
Search			
Name		Job Title	~
			Sea <u>r</u> ch Res
View 🔻 Format 🔻	Wrap		
	· ·		
Name	Job Title	Email	Phone
	Job Title	Email fun4utravel2@g	Phone
Name			Phone
Name Traveler, Mary		fun4utravel2@g.	Phone

Create Address: Address Contacts (continued) – The selected contact name displays under the Address Contacts section.

P. When finished entering the contact and address information, click the OK button.

Create Address						
* Address Name	HEADQUARTERS	* Address Purpose	 Ordering Remit to 			
* Country	United States 🗸		RFQ or Bidd	ing		
Address Line 1	123 GOLDEN SUN LANE	Phone	1 🔹	800	123-4567	
Address Line 2	SUITE 300	Fax	•			
* City	SAN DIEGO	Email	MStevens@fun	4utravel2@gr	mail.com	
* State	CA	•				
* Postal Code	92117	The selected Contac	st			
Address Contacts Select the contacts that are assoc	ciated with this address.	displays under the Address Contacts sec				
Actions View View Format	🖌 🛃 💷 Freeze 🛄 Det	Wrap				
Name		Job Title	Email	A	dministrative Contact	User Account
Traveler, Mary			fun4utrave	l2@g	~	\checkmark
Columns Hidden 4						Р
					Create Anothe	r O <u>K</u> mncel





Addresses Section (continued) – The Address Name and information name entered in Step 9 B-P will appear.

Q. Click on the *Next* button to move to the **Business Classifications section 4**.



Note: To enter another address, repeat Step 9.

▲ This is the LIVE PRODUCTIO	N Instance									
	<mark>≓S</mark>								(j)	Sign In
		⊘	3	- 4 -		- 6	Q			
		Company Contacts Details		Business Classifications	Bank Accounts	Review				
Register Supplier: Ad	dresses						Back Ne <u>x</u> t	Save for Later Reg	jister	<u>C</u> ancel
Address name must be	HEADQUARTERS (no PO Box, physi	ical address).								
Payment addresses n	nust be named REMIT-1, REMIT-	2, etc.								
Phone number must be	entered.									
Actions View View Format View	🕂 Create 💉 Edit 🗙 Delete 🔟 Fre	eze 📝 Detach 🚽	Wrap							
Address Name	Address					Phone	Address Purpose	Edit	D	elete
HEADQUARTERS	123 GOLDEN SUN LANE, SUITE 300, SAN DIE	GO, CA 92117				+1 (800) 123-4567	Ordering; Remit to	/		×
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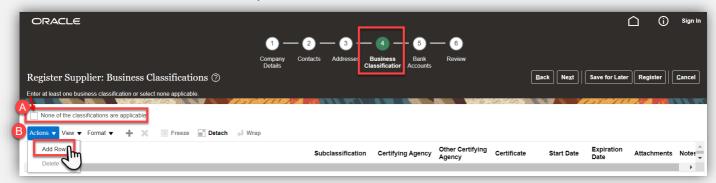
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Business Classifications Section



Business Classifications: Add the Business classification, such as SBE (Small Business Enterprise), CBE (Certified Business Enterprise), DSLBD (Department of Small and Local Business Development), etc.

- A. If no classifications are held, then click on the box for 'None of the classifications are applicable.' Skip ahead to <u>Step 10R</u> click on the Next button to move to the **Bank** Accounts section 5.
- B. If classifications are held, click on the *Actions* button, and select 'Add Row'. Continue to Step 10C.



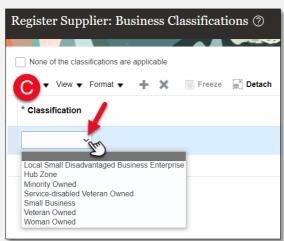
Business Classifications (continued): Select the Classification.

Note: The corresponding business agency certifies these classifications. If claiming a Business Classification, you must submit a certification. See <u>Step 10F</u> for instructions on providing certification information.

C. Classification (required) - Click on the list of values and select one of the following options:

- Hud Zone
- Local Small Disadvantaged Business Enterprise
- Minority Owned
- Service-disabled Veteran Owned
- Small Business
- Veteran Owned
- Woman Owned

Note: Leave the field blank if none of the above apply.





4 Business Classifications

Business Classifications (continued):

D. Subclassification (optional) - Click on the list of values and select one of the following options:

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- African American
- American Indian
- Asian
- Hispanic

E. Certifying Agency (optional) - Click on the list of values and select 'Other'.

Register Supplier: Business Classifications ⑦				B	ack Ne <u>x</u> t	Save for Later	Register	<u>C</u> ancel
None of the classifications are applicable Actions ▼ View ▼ Format ▼ + ★ Ⅲ Freeze ☑ Detach ↓ Wrap		B					1 3	
* Classification	Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
Minority Owned 🗸	African American 🗸		n		mm/dd/y	. mm/dd/yy	None 🕂	B
		Other	5	Others				
	-	Search		Other C	Certifying Agency			

Business Classifications (continued): Enter additional information.

- F. Other Certifying Agency (required) Enter the certifying Agency for the business classification. For example, DSLBD (Department of Small and Local Business Development), SBE (Small Business Enterprise), etc.
- G. Certificate (optional) Enter the certification number.

Note: Must include certification from DSLBD site, <u>https://dslbd.dc.gov/getcertified</u>, to claim CBE (Certified Business Enterprise) status.

- H. Start Date (required) Enter the certification start date.
- I. **Expiration Date (required)** Enter the certification end date.
- J. Attachments (required) Upload the Agency certification by clicking on the + icon.

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Register Supplier: Business Classifications	s ⑦					<u>B</u> ack Ne <u>x</u> t	Save for Later	Register	<u>C</u> ancel
Enter at least one business classification or select none applicable.	AT AT TO MODE							1100	1 7 1
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* Classification	Subclass	ification C	Certifying Agence	y Other Certify Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
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The Attachments window will open.

K. File Name or URL (required) - click on the Choose File button.

Attachments					×
Actions View	• + ×	K			
Туре	Category	* File Name or URL	Title	Description	Attached By
File 🗸	From Supplier V	Choose File No file chosen			anonymous
Rows Selected 1	1	0			
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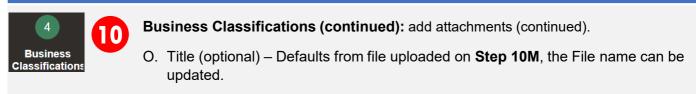
Business Classifications (continued): add attachments (continued).

- L. A file window will open on your device.
- M. Find and select the file to upload. Accepted File types include Word, Excel, PowerPoint, PDF, Zip files, Image files (png, jpg). Maximum file size is 2GB.
- N. Click on the **Open** button.

C Open			×
\leftarrow \rightarrow \checkmark \uparrow 🖹 $>$ This PC	2 > Documents >	✓ U Search E	ocuments
Organize New folder			-
 ✓	Name Business Certification	^	~
Pictures	у¢		Select a file to preview.
	~ <		>
File name:		 All files Open for 	Cancel



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- P. Description (optional) Provide a description of the file.
- Q. Click the OK button to save the information.

Attachments					×
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Туре	Category	* File Name or URL	Title	Description	Attached By
File 🗸	From Supplier 🗸	Business Certification.docx Update	Business Certification	n.doc Certification	anonymous
4					►
Rows Selected 1				Q	OK Cancel

Business Classifications (continued): complete section.

R. Click on the *Next* button to move to the **Bank Accounts section 5**.

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Enter at least one business classification or select none applicable.						IN SHOT AT BL		16 W W
None of the classifications are applicable								
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* Classification	Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
Minority Owned V	African American 🗸	Other •	SBA	12345	01/01/20:	. 12/31/20:	ition.docx +×	Ē



Bank Accounts Section



Bank Accounts: Enter bank account information if applicable (optional).

To receive Direct Deposit Payments from the District, proceed to creating the bank account details below.

A. Click the *Create* button to enter banking information.

1. This is the LIVE PRODUCTION Instance					
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	Company Contacts Addresses Bus Details Classi	siness Bank Review ifications Accounts			
Register Supplier: Bank Accounts ⑦			Back Next Save for	or Later Register	ancel
Bank and Branch (routing number) must be provided when	adding banking information.				
Actions - View - Form A + Create Edit & Delete	eze 📓 Detach 斗 Wrap				
Account Number	IBAN	Currency	Bank	Edit Delete	te 🌲
Columns Hidden 8					>

Note: A voided check or a bank letter must be attached to receive Direct Deposit disbursements.

If no bank information is created, then payment will be issued by paper check – skip ahead to <u>Step 11Q</u> and proceed to the next section.

Bank Accounts (continued) - The Create Bank Account window opens. Enter bank account details.

- B. Country (required) Type or select from the drop-down list 'United States'.
- **C. Bank (required)** Search and select the bank name from the list of values.
- D. Branch (required) Search and select the bank branch name from the list of values, based on the bank name selected on step B above.
- E. Account Number (required) Enter the bank account number.
- F. IBAN (not applicable) The District does not allow for foreign bank accounts. This field is not applicable.
- **G.** Currency (required) Select 'USD' from the list of values. Payments are only made in USD.

Additional Information section

- H. Account Name (required) Enter the name of the bank account.
- I. Alternate Account Name (optional) If applicable, provide an alternate account name.
- J. Account Suffix (optional) If applicable, an account suffix is added to the end of an account number so that numerous account types can be maintained under the same account number.
- K. Check Digits (optional) Not applicable in most cases. A check digit is a digit added to a string of numbers for error detection purposes.





Bank Accounts (continued) – The **Create Bank Account** window opens. Enter bank account details.

Additional Information section (continued)

- L. Agency Location Code (optional) Applicable for Government Agencies. The number issued to the Agency by the Department of the Treasury for the On-Line Payment and Collection Billing System.
- **M.** Account Type (required) Select an option from the drop-down list of values: Checking, Savings, Unknown.
- N. Description (optional) Enter a description about the bank account.

Comments Section

- O. Note to Approver (optional) Enter any comments for approval of the bank account information provided.
- P. When finished entering the bank details information, click the OK button.

Note: If the Bank and/or the Branch name is not available in the dropdown list, please send an email to <u>Suppliers@dc.gov</u>

Create Bank Account	
Enter account number or IBAN unless account number is marked as rec	quired.
B * Country	Бівал
Bank	
D Branch	-
E Account Number	
Additional Information	
Account Name	Agency Location Code
Alternate Account Name	Account Type
J Account Suffix	N Description
Check Digits	-
Comments	
Note to Approver	P #
-	Create Another OK Mancel



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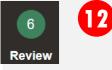
Bank Accounts (continued). If a bank account was added, it will show on the page.

Q. Click on the *Next* button to move to the **Review section 6**.

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		usiness Bank Review sifications Accounts	Qt		
Register Supplier: Bank Accounts ⑦			Back Next Sav	ve for Later Reg	ister
Bank and Branch (routing number) must be provided v	when adding banking information.				
Actions 🔻 View 🔻 Format 👻 🕂 Create 🥒 Edit 💥 Delete	🏢 Freeze 📓 Detach 斗 Wrap				
Account Number	IBAN	Currency	Bank	Edit	Delete
XXXX1233		USD	121 FINANCIAL CREDIT UNION		×
Columns Hidden 8					



Review Section



Review – This page displays all the information entered during the registration process. Review and verify the information before submitting the registration.

A. When finished reviewing all the information, click the *Register* button

Note: To edit any information, click the Back button to go to the section to edit.

This is the LIVE PRODUCTION Instance					4
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	Company Contacts Addresses B	Business Bank Review		$A \Lambda$	
n i c l' n i c l' n -	Details Cla	ssifications Accounts		Englister Desiste	
Review Supplier Registration: Fun	2 Travel Company (2)	Back	Next Save 1	for Later Registe	r <u>C</u> ancel
Company Details					
Company FUN 2 TRAVEL	L COMPANY	D-U-N-S Number			
Tax Organization Type Sole Ownershi		Tax Country	United States		
Supplier Type Vendor-Individu	ual	Taxpayer ID	123-45-6789		
Corporate Web Site		Tax Registration Number			
		Note to Approver		,	
Additional Information				11	
SOAR Vendor No		Workman's Compensation Provide	r		
PASS Vendor		Third Party Vendo			
People Soft Vendor		Third Party System			
People Soft Vendor Type		DUNS Number Duplicate	e		
PeopleSoft Address Code		Inactive Reason	n		
FEI SSN Indicator		National Provider Identifier (NPI)		
MED Pay Indicator		External Supplier ID			
Tax Offset Exempt		NOGA Supplie	r		
Attachments					
Actions 🗸 View 🖌 🕂 💥					
Type Category * File Nam	e or URL	Title Descrip	tion	Attached By	Attached Da
	- Suntrust Bank.pdf	Bank Letter - Suntrust Ba		anonymous	10/15/2023 2
4					• • (
Contacts					
View 🔻 Format 👻 🏢 Freeze 📓 Detach 🗃	🗐 Wrap				
Name	Job Title	Email	Administrative Contact	Request User Account	Details
Traveler, Mary		fun4utravel2@gmail.com	~	~	
Smith, Tony	Billing specialist	TSmith@fun4utravel2.com	_	~	
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Addresses					
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Address Name Address		Phone	Address Purpo	ise	Details



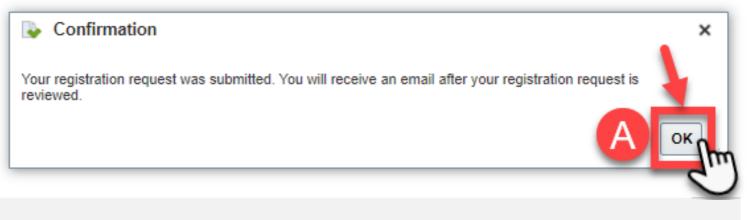
Confirmation – Registration Submitted



Confirmation – A confirmation message appears stating:

Your registration request was submitted. You will receive an email after your registration request is reviewed.

A. Click the OK button to close the message



- Close your browser window.
- You will receive an email with additional instructions once your registration has been reviewed and approved.



Version History

Version #	Date	Key Updates
2.0	27-SEP-2022	Published Version
2.1	12-OCT-2022	Added attachment information
2.2	17-NOV-2022	When creating addresses, the address name must be in capital letters.
2.3	08-FEB-2023	Highlighted in yellow the fields that are required.
3.0	25-OCT2023	The following updates were made:
		 Updated screenshots in all on sections to capture system changes.
		2. Added new Step 5 - Company Details: Additional Information
		 In Section 2 - Contacts, added information for NOGA Grantees/Suppliers to add the DIFS Supplier Portal Invoice Transaction role.
		4. Added Version History page