Logo

Description automatically generated **VENDOR PROFILE SET UP FORMS INSTRUCTIONS**

**I COMPLETING THE FORMS *(Vendor Information, Conflict of Interest and ACH Forms):***

The information requested in the forms is used to create a Vendor Master Number (VMN) in Stevens’ Financial System. The VMN is required for issuance of purchase orders and payment of invoices.

1. The forms must be completed by the vendor’s Accounts Payable Department.
2. The Company/Vendor name entered on the vendor forms must be the legal registered name of the company and must match the name on the invoice(s) Stevens will receive.
3. The name on the W9 must match the name on the Vendor Form.
4. An ACH form is included as page 4. **ACH is Stevens’ preferred method of payment**.
5. The completed forms (Vendor Info, Conflict of Interest, ACH, and recent w9 – (3 years old at most <https://www.irs.gov/pub/irs-pdf/fw9.pdf>) must be sent by the vendor’s accounts payable department to the person at Stevens who requested the information.

**II TAX-EXEMPT FORM**

A Stevens’ Tax Exempt form may be provided for projects that meet the tax-exempt requirements. All requests are to be directed to [purchasing@stevens.edu](mailto:purchasing@stevens.edu).

**III INVOICING STEVENS FOR WORK PERFORMED**

**1. Required information on the invoice:**

(a) include/reference Stevens’ **purchase order** number,

(b) **name of the department** and person ordering service/good

(c) detail the work performed (service provided, location, date)

(d) fee for work performed (detail hourly rates and # of hours if applicable, or agreed lump sum)

**2. All invoices must be sent to Stevens’ Accounts Payable Department (e-mail preferred).**

**All queries regarding payment of invoice(s) must be directed to Accounts Payable (see below). Sending your invoices to any other departments will confuse the process and will result in payment(s) delay(s).**

**E-mail Address (PREFERRED):** [**ap@stevens.edu**](mailto:ap@stevens.edu)

**Mailing address**: Stevens Institute of Technology

5 Marine View Plaza, Suite 501

Hoboken NJ, 07030

Attn: Accounts Payable

**Stevens will not incur or accept additional charges for late payment when the invoice or application for payment is missing information, or has incorrect information.**

**IV USE OF STEVENS’ LOGO/TRADEMARK**

The names and logos associated with Stevens Institute of Technology are legally protected trademarks. Any merchandise bearing these trademarks can only be produced by a vendor who has obtained the appropriate licensure through our licensing management company, Nexus Licensing Group. To initiate the process of securing the necessary licensure, we kindly ask that you reach out to Nexus Licensing Group at the following contact details: Phone: 585-433-8025, Email: [licensing@nexuslicensinggroup.com](mailto:licensing@nexuslicensinggroup.com). Furthermore, any public promotion of the relationship between Stevens and your company/firm/etc. must receive prior approval from the Division of University Relations.

 **VENDOR INFORMATION FORM**

**Section I** – **General Information**

|  |
| --- |
| 1. **VENDOR LEGAL NAME** (Name on Invoice & W9) Click here to enter text. |
| 1. **STATE OF INCORPORATION** Click here to enter text. |
| 1. **DUNS NUMBER:** Click here to enter text. |
| 1. **VENDOR MAILING ADDRESS (street, city, state, zip code):**   Click here to enter text.   1. **VENDOR GENERAL PHONE NUMBER:** Click here to enter text.   **6. VENDOR GENERAL E-MAIL ADDRESS:** Click here to enter text. |
| **Section II – Accounts Payable Information** |
| 1. **VENDOR ACCOUNTS PAYABLE MAILING ADDRESS** (if different from above)   Click here to enter text. |
| 1. **VENDOR ACCOUNTS PAYABLE GENERAL E-MAIL ADDRESS:** Click here to enter text. |
| 1. **VENDOR GENERAL PHONE NUMBER:**  Click here to enter text. |
| 1. **VENDOR FAX NUMBER FOR RECEIPT OF PURCHASE ORDERS:** Click here to enter text. |
| 1. **VENDOR GENERAL E-MAIL ADDRESS FOR RECEIPT OF PURCHASE ORDERS:** Click here to enter text.   **Section III – Primary Contact Information**   1. **PRIMARY CONTACT NAME:**  Click here to enter text. |
| 1. **PRIMARY CONTACT PHONE NUMBER:**  Click here to enter text. |
| 1. **PRIMARY CONTACT E-MAIL ADDRESS:** Click here to enter text. |
| 1. **VENDOR WEBSITE ADDRESS:**  Click here to enter text. |

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**ADDITIONAL INFORMATION**

**SUPPLIER DIVERSITY INFORMATION** (Please select *ONE* category)

**Disabled**  **Veteran-Owned**   **Service Disabled** **Veteran-Owned**

**Minority-Owned**  **Women-Owned**  **HUBZone Business**

**Disadvantages Business**  **Small Business**



**SUPPLIER CONFLICT OF INTEREST CERTIFICATION FORM**

**Supplier hereby certifies that no Employee of Supplier who will be engaged in providing services to Stevens, has a direct or indirect financial interest in Stevens or in the proposed transaction. Supplier neither employs, nor is negotiating to employ, any Stevens Institute of Technology employee, Officer or close relative, with the exception of the person(s) identified below.**

Supplier further certifies that Supplier did not participate, directly or indirectly, in the preparation of specifications upon which the quote or offer is made.

List below the name(s) of any Stevens Institute of Technology employee, Officer or relative who now or within the preceding 12 months (a) is or has been employed by the Supplier; (b) has an ownership interest in the Supplier (other than as an owner of less than 1% of Supplier's stock, if Supplier is a publicly traded corporation); (c) is a partner, officer, director, trustee or consultant to the Supplier; (d) has received grant, travel, honoraria or other similar support from Supplier; or (e) has a right to receive royalties from the Supplier.

Name:

Identify Relationship per above (a-e):

Name:

Identify Relationship per above (a-e):

**CERTIFICATION**

The undersigned hereby certifies that he/she has read the above CONFLICT OF INTEREST reporting requirements, and that he/she understands and is, and will, comply with these requirements as they may be applicable. The undersigned further certifies that they have the authority to certify compliance for the Supplier named below.

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  |  |  |
| Company Address |  |  |  |
|  | Street | City | State and Zip Code |
| Contact Name (printed) |  |  |  |
| Contact Signature |  |  |  |
| Date |  |  |  |

**AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Vendor Information:*** |  | | | | |
| Vendor Name: |  | | | | |
| Remittance Address: |  | | | | |
| Remittance City: |  | State: |  | Zip Code: |  |
| Contact Name: |  | | Phone #: | ( ) | |
| E-Mail Address: |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Banking Information:*** |  | | | | | |
| Vendor’s Bank Name: |  | | | | | |
| Bank Address: |  | | | | | |
| Bank’s City: |  | State: |  | Zip Code: | |  |
| Bank Contact Name: |  | | Phone #: | ( ) | | |
| ABA Routing #: |  | | Account #: | |  | |
| Account Type  (please check only one) | ­­  Checking  Savings | | | | | |

***Vendor’s Authorization:***

Please sign below to confirm that you are authorizing Steven’s Institute of Technology to begin transferring payments for your invoices to the account mentioned above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Title |
| ( ) |  |  |
| Phone Number |  | Date |

**\*Additional Verification**: Previous Bank Account # *(if applicable)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_