



DEPARTMENT OF THE NAVY
FLEET AND FAMILY READINESS SERVICE CENTER (N94)
5720 INTEGRITY DRIVE
MILLINGTON, TN 38055-6500

CNICNvensop
N948
4 Apr 17

CNIC N9 VENDOR REQUEST STANDARD OPERATING PROCEDURES

Subj: VENDOR REQUEST PROCEDURES

1. Purpose: This SOP establishes the policies and procedures relating to submitting and creating vendor requests for Commander Navy Installations Command HQ Fleet and Family Readiness (CNIC HQ N9).

2. Scope: These policies and procedures apply to all personnel authorized to submit and create vendors on behalf of, or in support of CNIC HQ N9.

3. Authorizations: Only personnel on CNIC HQ N9 authorized to submit list are allowed to submit Trade vendors to HQ for processing. To be added to the list, have your supervisor submit your name to CNIC HQ.

4. Types of Vendors:

a. 1000 series vendors are Custodians, Change Funds and Petty Cash.

(1) Created at the region level.

b. 2000 series vendors are Employees.

(1) DO NOT CREATE employee vendors, these are created and maintained by the SAP Helpdesk.

c. 3000 series vendors are Non-Trade vendors. They consist of the following, FCC providers, Child Development Home Professionals. Second, Prizes such as winners of bingo, tournaments, contests, and races. Last are reimbursements and refunds for goods or services.

(1) FCC providers require the 07 Tax Code.

(2) Created at the local level.

(3) All 3000 series vendors require SSN or TIN (w-9)

(4) All Prizes require a 03 Tax Code

d. 4000 series vendors are Trade vendors. Trade Vendors are submitted to CNIC HQ for

processing. These vendors consist of Contractors, Food & Beverage, Foreign National (**require a W-8**), ITT (MTP Tickets & Tours), Periodicals, Rec Equipment, Services, Supplies & Utilities.

(1) Contractors require a 07 Tax Code, except those being paid by SUA.

(a) Payments made with a credit card or payment card and certain other types of payments, including third-party network transactions, must be reported on Form 1099-K by the payment settlement entity under section 6050W and are not subject to reporting on Form 1099-MISC. In our cases, JP Morgan Chase would be responsible for issuing 1099-K forms to those vendors receiving SUA payments during the calendar year. The only exception to this might be if the vendor was originally paid thru EFT or check during the year. In this instance, a 1099-MISC would be issued for a 07 vendor for the portion paid during the year before switching to SUA payments.

5. Vendor Submission Procedures:

a. Prior to submitting a vendor request to HQ, a three-way search must be conducted within SAP to ensure that the vendor does not already exist. Run the three-way search on Vendor name, TIN/SSN and City. If a duplicate is found, please contact CNIC HQ.

b. Prepare the Vendor Master Data Request form, must be **typed in all capital letters by requestor**. The vendor should not complete this form.

(1) The Hands on Guide for the SAP End User Vendor Master Data indicates the Vendor Master Data Request form “should be completely filled out, all fields noted as “required” must be completed when requesting a new master record – failure to completely provide this information will prohibit the vendor record from being created.”

c. A valid W-9 is required when creating a new vendor record, change in address or change in name. The Vendor request form must be identical to the W-9.

d. New Payment Request Form must be sent in with Vendor Package. Payment information will no longer be entered on the Vendor Master Data Request Form. **The Payment Request form must be completed and signed by the Vendor.** Payment Methods and Payment Terms must coincide with the vendor’s contract. The payment method choices are:

(1) C- Check

(a) Policy, ACH Waiver Form is required. (Waiver file is maintained at the Region’s procurement office)

(2) T- Electronic Funds Transfer

(a) If the payment type is EFT (electronic fund transfer), a Payment request form is required for the vendors banking information. The EFT request form has to be signed by the vendor.

(b) If you submit a change request to update banking, a new Payment request form is required.

(c) ***OCONUS*** even if the vendor is for an OCONUS company code and they have US banking, a Payment request form is still required.

(3) S – SUA. SUA are single use credit cards set for a specific payment amount.

(a) The vendors email address is required, no banking information is needed.

(b) Payment request forms are required for SUA payments.

(4) I – IBAN. IBAN's are used for EUROPE payments only.

e. The regional procurement office is responsible for retaining the original Vendor Request file, with supporting documentation for all active vendors.

f. Must have routine reviews of vendor records to ensure only current vendors are active in SAP.

6. Vendor Creation Procedures: CNIC HQ is responsible for creating Trade Vendors for the regions. All Trade vendors are submitted to MILL MWR_VENDORREQUEST@navy.mil.

a. The following 3 documents are needed for new vendors to be created

(1) Vendor Master Data Request Form (must be typed in all Capital Letters)

(2) A valid W-9

(3) Payment Request Form (signed by Vendor) is required for EFT & SUA payments.

b. If the Vendor has a new SSN/TIN, a new vendor needs to be created.

c. Review documents for completeness and consistency.

d. All LLC's are changed to Contractor in search term for 07 tax code.

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e. All ITT requests must be submitted to the ITT mailbox at cnic_mill_navymwritt@navy.mil for approval. Once ITT has reviewed and approved the request, they will then submit it to the Vendor box for processing.

(1) For LLC IIT vendors, the search term will remain ITT vendor and have the 07 tax code.



D. KONDZIELA

Director

Fleet & Family Support Services

Distribution:

CNIC N9 All-hands

VENDOR MASTER DATA REQUEST

YOUR EMAIL ADDRESS:	<input type="text"/>			*	
VENDOR POC NAME:	<input type="text"/>	*	POC TELEPHONE NO.:	<input type="text"/>	*
<div>ACTIONS: <input checked="" type="radio"/> NEW <input type="radio"/> CHANGE <input type="radio"/> DELETE <input type="radio"/> BLOCK <input type="radio"/> UNBLOCK <input type="radio"/> EXTEND</div>					
REQUESTING CO.CODE:	<input type="text"/>	▼	EXTENDING CO.CODE:	<input type="text"/>	▼
AIMS/SAP ASSIGNED VENDOR NUMBER: <input type="text"/>					
VENDOR NAME:	<input type="text"/>			*	(Maximum 50 Characters)
DBA OR NAME2:	<input type="text"/>			*	(Maximum 50 Characters)
ACCOUNT GROUP:	<input type="text"/>			▼	*
SEARCH TERM:	<input type="text"/>			▼	*
VENDOR PHYSICAL ADDRESS:					
House Number:	<input type="text"/>			*	
Street:	<input type="text"/>			*	Suite/Apt. No.: <input type="text"/>
City:	<input type="text"/>			*	
District:	<input type="text"/>				Post/ZIP Code: <input type="text"/>
State/Region:	<input type="text"/>	▼	*		▼
Country:	<input type="text"/>	▼	*		▼
VENDOR POST OFFICE ADDRESS: (if applicable)					
PO Box Number:	<input type="text"/>				
PO Box City:	<input type="text"/>				
PO Box State/Region:	<input type="text"/>	▼			▼
PO Box Post/ZIP Code:	<input type="text"/>				▼
Telephone No.:	<input type="text"/>			*	
Fax No.:	<input type="text"/>				<input type="checkbox"/> Valid for EFT Remittance Advice *
E-Mail Address:	<input type="text"/>				<input type="checkbox"/> Valid for EFT Remittance Advice *
SSN:	<input type="text"/>			(USA Vendors Only)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
TIN/EIN:	<input type="text"/>			(USA Vendors Only)	
1099 Code:	<input type="text"/>			▼	(USA Vendors Only)
BANK INFORMATION: (Payment Request Form Required) <input type="checkbox"/> Waiver on File					
(If payment method is a Check, an ACH Waiver signed by Vendor has to be on File at your Region's procurement office. Check box if Waiver is on File)					
IBAN					
SWIFT/BIC CODE:	<input type="text"/>				
IBAN (Europe only):	<input type="text"/>				
PAYMENT TERMS:	<input type="text"/> V001 - Net Due 30 Days			▼	
CORRESPONDENCE INFORMATION: (This is your contact information at the vendor)					
Account Number at Vendor:	<input type="text"/>				
POC Name at Vendor:	<input type="text"/>				
POC at Vendor Telephone No.:	<input type="text"/>				
POC at Vendor Email:	<input type="text"/>				

OTHER COMMENTS/NOTES:

Examples: Bank Address for Foreign Banks (including bank name, street, city, state, country, post code), Individual Payments Requested, etc.

* INDICATES REQUIRED FIELDS. ANY REQUEST MISSING DATA IN THESE FIELDS WILL NOT BE PROCESSED

**** IMPORTANT: As this form can include sensitive data such as SSN, TIN and banking information it must be encrypted when attached to an email ****
For Official Use Only - Privacy Sensitive: Any misuse or unauthorized disclosure may result in both civil and criminal penalties

PRIVACY ACT STATEMENT

1. AUTHORITY: 5 U.S.C. 5013, Departmental Regulations; and E.O. 9397.
2. PRINCIPLE PURPOSE(S): To maintain vendor and individual master records for the purpose of processing payments for goods and services received and to serve as a method to make reimbursable payments to individual.
3. ROUTINE USES: Used by command personnel and host installations to prepare payments for services/goods received and to serve as a method to make reimbursable payments to individual.
4. DISCLOSURE: Voluntary. However, failure to provide such information may result in our inability to process payments.

VENDOR ELECTRONIC FUNDS TRANSFER PAYMENT ENROLLMENT FORM FOR MORALE, WELFARE & RECREATION (MWR), NAVY GATEWAY INNS & SUITES (NGIS) AND/OR ARMED FORCES RETIREMENT HOMES (AFRH)

This form is used for Electronic Funds Transfer enrollment, which includes Government Purchase Cards (GPC) and Automated Clearing House (ACH) payments.

Please complete and return this form as soon as possible.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 USC 3332, as amended by the Debt Collection Improvement Act of 1996 (P.L. 104-134) and 31 CFR 208. This information will be used by the Commander Navy Installations Command, Morale, Welfare and Recreation Division, to electronically transmit payment data to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

FFR: Complete this section and forward to Vendor to complete Sections A-C

Address

Commander Navy Installations Command
Attn:
5720 Integrity Dr
Millington TN 38055

Phone

Commercial:
FAX:
E-mail:

Vendor: Please select payment method and complete Section A and Section B or C and return to above address

Method of payment: ☐ **GPC** Complete Section B ☐ **ACH** Complete Section C

Section A Company Accounts Receivable Information

Name: EIN/SSN:
Street Address:
City: State: ZIP Code:
Contact Person: Phone: FAX:
E-mail:
Select who you do business with: (check all that apply) ☐ MWR ☐ NGIS ☐ AFRH

Section B Company Contact for GPC (Single Use Account Credit Card) payments (Standard terms Net due 10 days)

Name:
Address:
E-Mail for Card Number delivery: Phone:

Section C Financial Institution Information for ACH payments (Standard terms Net due 30 days)

Name:
Address:
ACH Coordinator Name: Phone:
ACH Routing Number:
Bank Account Holder Name:
Account Holders Bank Account Number:
Account Type: ☐ Checking ☐ Savings

Signature of Company Official: Date:
Title of Company Official: