September 11, 2002

To: All Departments

Subject: New Procedures and Forms

The following guidelines have been developed by the Administration & Finance area and will be effective immediately. If you have questions or need assistance, please contact the Purchasing Department at 968-0269 or the Disbursing Office at 968-0394.

<u>Please note that new vendor numbers and/or employee vendor numbers are to be requested BEFORE the requisition is completed.</u> The new forms are available on the Administration & Finance web site (<a href="http://admin.atu.edu">http://admin.atu.edu</a>). Select "Forms and Manuals" at the bottom of the page.

#### **AREAS OF RESPONSIBILITY**

Purchasing Department: Create and maintain ALL vendor numbers

Place orders Issue bids

Expedite delivery if needed

Cancel orders

Return incorrect, broken or defective merchandise

Accounts Payable: Process invoices for payment

Correct encumbrances as needed

Disbursing: Review travel requests

Review Requests for Checks

Review TR1 Requests for Travel Reimbursement

Issue checks

Remit Sales/Use Taxes

Telephones

#### TO REQUEST A NEW VENDOR NUMBER:

The ATU REQUEST FOR NEW VENDOR NUMBER FORM must be completed (see attached). If printed literature and/or order forms are available with the entity's Tax Identification Number shown, please attach to Request Form

The form must be signed by the person initiating the order and by their immediate supervisor.

The form is to be mailed or faxed to the Purchasing Department (968-0633)

Purchasing will contact the vendor and request a completed IRS Form W-9 (Request for Taxpayer Identification Number and Certification) and Business Designation.

After receipt of the completed W-9, the vendor information will be entered into the FRS system by the Purchasing Department, a vendor number assigned and the department notified.

The Procurement Manager must approve any exceptions to the above procedures.

Please be aware that these additional steps *will increase the order lead-time* and plan your purchases accordingly.

#### TO REQUEST AN EMPLOYEE VENDOR NUMBER FOR TRAVEL:

The ATU REQUEST FOR EMPLOYEE VIN FORM must be completed (see attached)

The form must be signed by the person making the trip and by their immediate supervisor

The form is to be mailed or faxed to the Purchasing Department (968-0633)

Purchasing will verify employment, enter the information into the FRS system, assign an Employee Vendor Number and notify the requesting department.

The employee's Social Security Number will no longer be used as their Vendor Number. The employee numbers will still start with an "E" but will be a computer-assigned number.

#### **ADDRESS ADDITIONS OR CHANGES:**

The ATU REQUEST FOR NEW/CORRECTED ADDRESS FORM must be completed (see attached). The form must be signed by the person initiating the order and by their immediate supervisor.

The form is to be mailed or faxed to the Purchasing Department (968-0633)

Purchasing will add the new address or correct an existing address on the FRS system and notify the requesting department.

Please notify Purchasing if any existing addresses are to be deleted.

#### TO REQUEST A CHECK:

Examples: Agency checks, honoraria, stipends, etc.

Do **NOT** use for routine purchases requiring a purchase order and an invoice.

The ATU REQUEST FOR CHECK FORM must be completed (see attached)

The form must be signed by the person requesting the check and by their immediate supervisor

Supporting documentation MUST be attached

The form with supporting documentation is to be submitted to the Disbursing Office for review and for the issuance of a check

If a new vendor number is required, attach a completed ATU REQUEST FOR NEW VENDOR FORM *with the documentation*. After reviewing the check request and supporting documentation, <u>Disbursing</u> will forward the Request for New Vendor Number Form to Purchasing for assignment of vendor number.

Purchasing will notify Disbursing when the vendor number is assigned, and Disbursing will issue the check.

#### TO REQUEST A REFUND CHECK:

Use same procedures and forms as "To Request a Check" with additional requirements as noted below:

If funds were deposited into the SIS system, the Student Accounts Office must verify receipt of deposit and attach supporting documentation BEFORE the paperwork is sent to Disbursing. Examples would be Music Camp refunds, scholarship refunds, etc.

For camps NOT carried in the SIS system:

The Camp Director must attach a copy of the pre-numbered receipt showing date and amount of deposit. The Camp Director is to note whether the refund is to be payable to the student, the parent or to the school.

The REQUEST FOR REFUND forms with supporting documentation are to be forwarded to the appropriate department head or dean for signature (refunds for Sport Camps are to be sent to the Athletic Director) and then sent to Disbursing for processing.

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From:				Assigned	Vendor & Add	ress No.
FIOIII.	(Depart	ment Name)				
	(Depart	mental Fax No.)				
Name of Cor or Sole Prop						
Dba						
Street Addre	SS					
PO Box						
City, State, Z	<b>Z</b> ip					
Telephone N	lumber					
Fax Number						
Web Site						
E-mail Addre	ess					
	F	Requested By:	(Signature)			
	A	Approved By:	(Signature of	Immediate Supervi	sor)	
			. •	•	FOR PURCHA	SING USE:
					Date Entered	ISHIG USE.
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ATU REQUEST FOR NEW VENDOR NO. Date: \_\_\_\_\_

## ATU REQUEST FOR EMPLOYEE VIN: Date: BEFORE ENTERING YOUR REQUISITION FOR TRAVEL, complete this form and fax to the Purchasing Department (968-0633). We will verify employment, enter the information into the FRS system, note the assigned vendor number and return this form to the fax number listed below. If you have questions or need assistance, please call Purchasing at 968-0269. E From: (Department Name) (Departmental Fax No.) Employee's Name (For verification of employment) Social Security No Address No: 00 **OFFICE ADDRESS** Building & Room No. Street Address City, State, Zip Russellville, AR 72801-2222 Telephone No. E-mail Address **HOME ADDRESS** Address No: 01 Street Address PO Box City, State, Zip Requested By: (Signature) Approved By: (Signature of Immediate Supervisor) FOR PURCHASING USE: Date

Entered:

Initials:

# BEFORE ENTERING YOUR REQUISITION, provide information on the new address or correction to an existing address and fax this form to the Purchasing Department (968-0633). Purchasing will enter the new address or correct the existing one, note the assigned address number and return this form to the fax number listed below. Please indicate any address numbers that need to be deleted. If you have questions or need assistance, please call 968-0269. From: (Department Name) (Departmental Fax No) ACTION REQUESTED: Additional Address \_\_\_\_\_ Change Existing Address Address Number to be Deleted Name of Company or Sole Proprietor Dba Street Address PO Box City, State, Zip Telephone Number Fax Number Web Site E-mail Address Requested By: (Signature) Approved By: (Signature of Immediate Supervisor) FOR PURCHASING USE: Date Entered

Date:

Initials

ATU REQUEST FOR NEW/CORRECTED ADDRESS

## ATU REQUEST FOR CHECK

Date:					

### (Including Refunds, Stipends, Agency Funds & Honoraria)

This form must be completed, sig will issue a check.	gned and supporting documentation attached before Disbursing
Check Requested By:	(Department or Office)
Services Performed For:	(Name of Department, Office or Agency Account)
Account Number:	
	Vendor No. & Address
Check Payable To:	
Description of Services/Goods  OR Reason for Refund:	
Amount of Check:	\$
Check Requ	ested By:(Signature)
Approved By	/:(Signature of Immediate Supervisor)

----- SUPPORTING DOCUMENTATION MUST BE ATTACHED ------