District of Columbia Government
Master Supplier Form v4

The Master Supplier Form is used to collect supplier (vendor) information for both the procurement process and the financial accounting processes. Procurement uses the term vendors. The District Integrated Financial System (DIFS) refers to vendors as suppliers. The Master Supplier Form uses the terms vendors and suppliers interchangeably. Please note the following when completing the form:

1. **Non-purchase order suppliers** (i.e., non-procurement suppliers, providers, claimants) - complete Sections I and III
2. **Purchase order suppliers** (i.e., procurement vendors) - complete Sections I and IV
3. **For Notice of Grant Award (NOGA) supplier -** complete Section I and II
4. **If there is a payment address that is different than the Headquarters address,** also complete Section III

Important: The Procurement Center of Excellence (PCOE) handles the initial registration for purchase order (PASS) suppliers. Non-purchase order and NOGA suppliers use the DIFS Supplier Portal for initial registrations.

SECTION I – SUPPLIER (VENDOR/PROVIDER/CLAIMANT) GENERAL INFORMATION

BEFORE COMPLETING THIS SECTION, ENSURE SUPPLIER IS NOT ALREADY IN DIFS

Supplier (Vendor/Provider/Claimant) Name (Legal Name):

Phone Number:

Supplier (Vendor/Provider/Claimant) **Headquarter Address** (Cannot be a PO Box):

Address:

City:

State: Zip Code:

Website Address:

Tax ID Number (W-9 or W-8 Tax Registration Number): (attach W-9 or W-8)

Contact Name: Is this person the Admin Contact? Yes ☐ No ☐

Contact E-Mail Address: Contact Phone Number:

Contact Name: Is this person the Admin Contact? Yes ☐ No ☐

Contact E-Mail Address: Contact Phone Number:

Contact Name: Is this person the Admin Contact? Yes ☐ No ☐

Contact E-Mail Address: Contact Phone Number:

Supplier/Vendor Type: ☐ (Chose a number from the chart below)

1=DC Employee	4=Local Government	7=Other
2=Federal Agency	5=Vendor-Business	8=Certified Business Enterprise (CBE) (as certified by the DC Department of Small and Local Business Development)
3=State Agency	6=Vendor-Individual	CBE Number

Ownership Type: ☐ (Chose a letter from the chart below)

A=State Corporation	I=Individual	R=Foreign
C=Professional Corp.	L=CBE	S=Sole Ownership
E=State Employee	M=Medical Corporation	T=Partnership
F=Financial Institution	O=Out of State Corporation	U=Non-Profit
G=Government Entity	P=Professional Association	

SECTION II – Notice of Grant Award (NOGA) Suppliers

If this is a Notice of Grant Award (NOGA) supplier, please provide the contact information for the person that will be entering invoices and viewing the status of payments.

NOGA- Notice of Grant Award Yes ☐ No ☐

Contact Name:

Contact E-Mail Address:

Phone Number:

Contact Name:

Contact E-Mail Address:

Phone Number:

SECTION III – FINANCIAL INFORMATION

Payment Remittance (if different than Headquarters Address)

REMIT-1

Address:

City: State:

Zip Code:

REMIT-2 (If multiple payment sites are needed)

Address:

City: State:

Zip Code:

Preferred Payment Method*: Check ☐ ACH ☐

*If ACH is chosen as the preferred payment method, please ask the Supplier to update the banking information in the DIFS Supplier Portal with a voided check or bank letter. If the Supplier Maintenance staff is completing this Master Supplier Form, complete and attach the revised ACH form.

SECTION IV – PROCUREMENT INFORMATION

(ONLY REQUIRED FOR PASS SUPPLIERS)

Business License Information

Type: Business ☐ Professional ☐ Other ☐

License Number: _____

ALL ITEMS IN THIS SECTION MUST BE COMPLETED TO RECEIVE ELECTRONIC PASS PURCHASE ORDERS.

DUN & Bradstreet No. (DUNS): _____

(To apply for your DUNS number call 1-800-234-3867 or 1-800-700-2733. You can also go to www.dnb.com. This is a required field.)

Ordering E-Mail Address (Send PASS Purchase Orders): _____