

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 @dc.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 8
- 3. Addresses Section Page 12
- 4. Business Classifications Section Page 16
- 5. Bank Accounts Section Page 20
- 6. <u>Review Section Page 23</u>
- Within the DIFS Supplier Portal, required fields are indicated by an asterisk (*).
- 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.
- Site Exceptions: Here are the URLs for all Fusion Applications notifications in order 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.
- 2. 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
- 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





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

Company Details: Basic Company Details – Enter the information in the following fields:

- A. Company (required) Enter the individual's name or business name
- 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)
 - 3. 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
Enter a value for at least one of these fields: D-U-N-S Number, Taxpayer ID, or Tax Registration Number.
A * Company
B * Tax Organization Type 🗸 🗸
C Supplier Type 🗸 🗸
D Corporate Web Site
E Attachments None +



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 here.

Registe	er Supplier: Company Det	ails ⑦
Enter a val	ue for at least one of these fields: D-U-N-S	Number, Taxpayer ID, or Tax Registration Number.
	* Company	
	* Tax Organization Type	~
	Supplier Type	~
	Corporate Web Site	
	Attachments	None +

The Attachments window will open

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

Гуре	Category	* File Name or URL	Title	Description	Attached B
File 🗸	From Supplier	Choose File No file chosen			anonymous

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

$\leftarrow \rightarrow \checkmark \uparrow \equiv \Rightarrow$ This PC \Rightarrow	Documents >	∨ ບ ,	earch Documents
Organize - New folder			· .
 ✓ ¥ Quick access ■ Desktop ↓ Downloads ③ Documents ➡ Pictures 	ACH FORM for Compan		Select to pre
File name:	v (✓ All files	>





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

Attachments			_	×
Actions v iew	• + ×		G	
Туре	Category * File Name or URL	Title	Description	Attached By
File 🗸	From Supplier V fw9.pdf	fw9.pdf	W9 Form	anonymous
Rows Selected 1			H	

Note: To add additional files, follow the steps A-H in this section. Once all the files are loaded, click the *OK* button to save the information.

Attachments					×
Actions 🗸 View 🕇	+ ×				
Туре	Category	* File Name or URL	Title	Description	Attached By
File 🗸	From Supplier 🗸	BANK LETTER - SUNTRUST BANK.docx	BANK LETTER - SUNTRI	Bank Letter	anonymous
File 🗸	From Supplier 🗸	ACH FORM for Company.docx Update	ACH FORM for Company.	ACH Form	anonymous
File 🗸	From Supplier 🗸	fw9.pdf Update	fw9.pdf	W9 Form	anonymous
4					×.
Rows Selected 1	_		_		



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 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 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

V 6 6 70		MATTERNA STAN
А р-ц	J-N-S Number	
В	Tax Country	•
С	Taxpayer ID	
D Tax Registr	ation Number	
E Not	e to Approver	li
		11



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

ORACLE								Ĺ	ı ()	Sign In
	Co	1 — 2 — mpany Contacts	— 3 — 4 Addresses Busines:		— 6 Review	A	▲			
Register Supplier: Company De	D	etails		ons Accounts	TO TO T	Back	Ne <u>x</u> t Save f	or Later	Register	<u>C</u> ancel
Enter a value for at least one of these fields: D-U-N-S	S Number, Taxpayer ID, or Tax Registration	n Number.			N 6.6			7110		18.6.97
* 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	x Registration Number]		
Attachments	BANK LETTER - SUNTRUST BANK.do (2 more) 🕂			Note to Approver					
							li			
Your Contact Information										
Enter the contact information for communications rega	arding this registration.									
* First Name	Mary									
* Last Name	Traveler									
* Email	fun4utravel2@gmail.com									
* Confirm Email	fun4utravel2@gmail.com									

Contacts Section



Contacts Section – The contact person's name entered in Step 5 will appear in the Name field.

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

ORACLE				i) Sign In
	Company Contacts Addresses Business Bank Details	Review		
Register Supplier: Contacts ⑦			lext Save for Later Registe	r Cancel
Enter at least one contact.				
Actions v View v Format v + Create Set to Delete	Detach 🚽 Wrap			
Name	Job Title	Email Administrative Contact	Request User Edit	Delete
Traveler, Mary		fun4utravel2@gmail.com	[m]	×
Columns Hidden 7				



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



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 Step 5
- D. Middle Name (optional) Enter the contact's middle name
- E. Last Name (required) The contact's last name defaults as entered from Step 5
- 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 5 to become an Admin contact. Optionally, additional contacts can be added as either Admin or Non-Admin contacts – see <u>Step 7N</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 (defaults) The contact's email address defaults as entered from Step 5
- K. Request user account (defaults) By default, this box will be checked for the contact entered from Step 5 to receive a user account to the email address provided
- L. Role (defaults) The role defaults to '**DIFS Supplier Portal Self Service JR** Provides access to supplier portal overview and manage supplier profile.'

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

M. Click the OK button to save the information

Edit Contact: Mary Traveler	
B Salutation	
C * First Name Mary	
Middle Name	Fax V
E* Last Name Traveler	J * Email fun4utravel@gmail.com
Job Title	
G 🗹 Administrative contact	
User Account	
Reques	t user account
Roles	
Actions 🕶 View 👻 Format 👻 📰	💮 Freeze 🚔 Detach 📣 Wrap
Role	Description
DIFS Supplier Portal Self Service JR	Provides access to access supplier portal overview and manage supplier profile.





Contacts Section (continued): add additional contacts

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







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

- O. Salutation (optional) Select from the list of values a salutation of Mr., Mrs., or Ms.
- P. First Name (required) Enter the contact's first name
- Q. Middle Name (optional) Enter the contact's middle name
- R. Last Name (required) Enter the contact's last name
- S. Job Title (optional) Enter the contact's job title
- T. 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

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

2. Olick		
reate Contact		
P* First Name		
Q Middle Name	V Fax V	
R * Last Name	× Email	
S Job Title		
	ministrative contact	
User Account		
	Request user account	
Roles		
Actions v View v For	ormat 👻 🖳 🏢 Freeze 🔛 Detach 📣 Wrap	
	Description	▲ ▼
4		•
		6
		Create Another OK

Z. Click the OK button to save the information



OFFICE OF THE CHIEF FINANCIAL OFFICER

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



Contacts Section (continued)

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

DRACLE								j) Się
		2 - 3 -	- 4 - 5) — 6	BB			
	Company Co Details	ontacts Addresses	Business Bank Classifications Accourt			<u> </u>		
egister Supplier: Contacts ⑦					Back	Save for Late	Register	
O								
er at least one contact.						<u>.</u>		
er at least one contact.	Delete Freeze 📄 Detach	🗸 Wrap						
	Delete Freeze Detach		Job Title	Email	Administrative Contact	Request User Account	Edit	Dele
tions ▼ View ▼ Format ▼ 🕂 Create 🖋 Edit 💥	Delete Freeze Detach		Job Title Billing Specialist	Email TSmith@fun4utravel2.com				Dele

Addresses Section

Addresses

Addresses: Enter address information (required)

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

ORACLE		🗋 (j) Sign In
	Company Contacts Addresses Business Bank Review	
Register Supplier: Addresses	Defails Contact Lassifications Accounts	Back Next Save for Later Register
Enter at least one address for remit-to and ordering address purpo		
Actions View Format Edit Address Name Address	Delete 🖩 Freeze 🔛 Detach 🚽 Wrap Phone	Address Purpose Edit Delete 🔷
Columns Hidden 3		•





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 if entering multiple REMIT TO addresses, include a dash in the REMIT name, i.e., REMIT TO-1
 - 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) Enter the state name
- H. Postal Code (required) Enter the zip code
- 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. Email (required) Enter email for a contact for this address

Create Address		
B * Address Name	* Address Purpose Ordering	
C * country United States	Remit to	
	RFQ or Bidding	
D Address Line 1	J Phone 1	
E Address Line 2	Fax 1	
(F) City	K Email	
G State		
H Postal Code		
Address Contacts		
elect the contacts that are associated with this address.		
Actions 🔻 View 👻 Format 👻 🐹 📰 Freeze 📰 Detach 🚽 Wrap		
Name	Job Title Email Administrative Use Contact Use	r Accou
o data to display.		
Columns Hidden 4		
	Create Another O	<u>K</u> ar





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.

- L. To associate an existing contact, click on Actions
- M. Then click on Select and Add

Create Address										
* Address Name	HEADQUARTERS	* Address Purpose								
* Country	United States 🗸		Remit to	ding						
Address Line 1	123 GOLDEN SUN LANE	Phone	1 🔻	800	123-4567					
Address Line 2	SUITE 300	Fax	1 •							
City	San Diego	Email								
State	CA	•								
Postal Code	92117	•								
Address Contacts elect the contacts that are associated with this address. Actions ▼ View ▼ Format ▼ X ■ III Freeze III Detach ↓ Wrap										
Remove Select and Add Columns Hidden		Job Title	Email	A	dministrative Contact	User Account				
					Create Another	O <u>K</u> <u>C</u> ance				



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: Contac	ts		
Search			
Name		Job Title	~
			Search Res
View 🔻 Format 👻 斗	Wrap		
View ▼ Format ▼ ↓↓	Wrap Job Title	Email	Phone
	-	Email fun4utravel2@g.	
Name	Job Title		
Name Traveler, Mary	Job Title	fun4utravel2@g.	





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 			
* Country	United States		Remit to RFQ or Bidding	1		
Address Line 1	123 GOLDEN SUN LANE	Phone		800 123-4	567	
Address Line 2	SUITE 300	Fax	1			
City	San Diego 🔹	Email				
State	CA					
Postal Code	92117 🗸	The select				
Address Contacts Select the contacts that are assoc Actions View View Format		displays Address Cor	under the ntacts sec			
Name		Job Title	Email	Adminis Cont		er Account
Traveler, Mary			fun4utravel2	@g 🗸		~
Columns Hidden 4					P	
				Creat	e Another	D <u>K</u> <u>C</u> ancel



Addresses Section (continued) - The Address Name and information name entered in Step 8 B-O will appear.

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



Note: To enter another address, repeat step 8

ORACLE									í	Sign In
			3				Q			
Desister Correlient Add		Company Contacts Details		Business Classifications	Bank Accounts	Review			.	[0]
Register Supplier: Add							<u>Back</u> Ne <u>x</u> t	Save for Later	Register	
Enter at least one address for remini-to	o and ordering address purposes.		NNN NN 1					737671937	1. A	1 20 20 201
Actions ▼ View ▼ Format ▼	+ Create 🖍 Edit 🗙 Delete 💷 Freez	e 📓 Detach 斗 🛛	Wrap							
Address Name	Address					Phone	Address Purpose	Ed	it	Delete
HEADQUARTERS	123 GOLDEN SUN LANE, SUITE 300, SAN DIEGO	, CA 98765				+1 (800) 123-4567	Ordering; Remit to	/		×
Columns Hidden 3										



9

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

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 9R</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 9C

ORACLE		F						(j) Sigr
	1 —	- 2 - 3 -	- 4 5 -	— 6				
	Company Details	Contacts Addresses	Business Bank Classification Accounts	Review				
Register Supplier: Business Classifications ⑦					Bac	k Ne <u>x</u> t	Save for Later Reg	jister
Enter at least one business classification or select none applicable.	ANY SOUTH SURV				n 10		7.575 (May 1987) 19	
Actions View View Format View Format View	🚽 Wrap							
Add Row		Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Atta Date Atta	hments Note
)



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 9F</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

ORACLE						Ĺ	<u>́</u> О́	Sign In
	1-2-3-	· • • - • -	— 6					
C		Business Bank assification Accounts	Review					
Register Supplier: Business Classifications ⑦				E	ack Ne <u>x</u> t	Save for Later	Register	<u>Cancel</u>
Enter at least one business classification or select none applicable.				6 0		475549474581		
None of the classifications are applicable								
Actions 🔻 View 🔻 Format 👻 🕂 🗰 Freeze 📓 Detach 📣 Wrap								
* Classification	Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
		v			mm/dd/y	. mm/dd/yı	None 🕂	
Hub Zone								
Local Small Disadvantaged Business Enterprise Minority Owned Service-disabled Veteran Owned								
Service-oisabled veteran Owned Small Business Veteran Owned								
Woman Owned								



OFFICE OF THE CHIEF FINANCIAL OFFICER

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



Business Classifications (continued): Select the Subclassification

- D. Subclassification (optional) Click on the list of values and select one of the following options:
 - African American
 - American Indian
 - Asian
 - Hispanic

ORACLE		<u>í</u>	Sign In
	1 - 2 - 3 - 4 - 5 - 6		
с	ompany Contacts Addresses Business Bank Review Jetalis Classification Accounts		
Register Supplier: Business Classifications ⑦	Back Next Save for Late	r Register	<u>C</u> ancel
Enter at least one business classification or select none applicable.			1 10 10 10 10 10 10 10 10 10 10 10 10 10
None of the classifications are applicable			
Actions 👻 View 👻 Format 👻 🕂 🗰 Freeze 🔛 Detach 🛹 Wrap			
* Classification	Subclassification Certifying Agency Other Certifying Certificate Start Date Expiration Date	Attachment	s Notes
Minority Owned V		None 🕂	Ē
	African American American Indian		
	Asian Hispanic		

Business Classifications (continued): Select the Certifying Agency

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

ORACLE										<u> </u>	Sign In
	1 — Company	— 2 — Contacts	— <u>3</u> – Addresses	— 4 — Business	— 5 — Bank	— 6 Review					
Register Supplier: Business Classifications ⑦	Details	Contacts	Autresses	Classification		Review		Back Ne <u>x</u> t	Save for Later	Register	<u>C</u> ancel
Enter at least one business classification or select none applicable.					WER SON				1979 MART 18 83.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
None of the classifications are applicable											
Actions 🔻 View 🔻 Format 👻 🕂 🗰 Freeze 🔛 Detach 🛹 Wra	p				e						
* Classification		Sub	oclassificatio	on Certifyin	ng Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachment	s Notes
Minority Owned V		Afr	ican Americar	~	1			mm/dd/y	. mm/dd/y	None 🕂	ß
				Other			Othe	er Certifying Agency			
				Search							

9

4

Business

Classifications





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

ORACLE						1	<u>с</u> і	Sign In
0 —	- 2 - 3 -	- 4 5 -	— 6					
Company Details		Business Bank lassificatior Accounts	Review					
Register Supplier: Business Classifications ⑦				Ba	ck Ne <u>x</u> t	Save for Later	Register	<u>C</u> ancel
Enter at least one business classification or select none applicable.						1979 MART 18 81.		10 B 10 C
None of the classifications are applicable								
Actions 🔻 View 👻 Format 👻 🕂 🗰 Freeze 📰 Detach 斗 Wrap			E	G	Ð	0	J	
* Classification	Subclassification	Certifying Agency	Other Certifying Agency	Certificate	Start Date	Expiration Date	Attachments	Notes
Minority Owned V	African American 🗸	 ✓ Other 			mm/dd/yı	. mm/dd/yı	None 🕂	Ē

The Attachments window will open

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

Attachmen	ts				×
Actions 🔻	View 🕶 🕂 🗙				
Туре	Category	* File Name or URL	Title	Description	Attached By
File 🗸	From Supplier	Choose File No file chosen			anonymous
Rows Sele	cted 1	U			•
					O <u>K</u> <u>C</u> ancel



4 Business Classifications

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 🖹 \Rightarrow This PC	> Documents >	✓ U	
Organize New folder		III - []	
 Quick access Desktop Downloads Documents Pictures 	Name Name Business Certification	A Select a to previe	
	~ <	×	
File name:		 All files Openim Cancel]

- O. Title (optional) Defaults from file uploaded on Step 9M, the File name can be updated
- P. Description (optional) Provide a description of the file
- Q. Click the OK button to save the information

Attachments					×
Actions View	• • • ×		0	P	
Туре	Category	* File Name or URL	Title	Description	Attached By
File 🗸	From Supplier 🗸	Business Certification.docx Update	Business Certifica	tion.doc Certification	anonymous
•					÷
Rows Selected	1			0	



OFFICE OF THE CHIEF FINANCIAL OFFICER

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



Business Classifications (continued): complete section

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

ORACLE						ſ	<u>с</u> ()	Sign In
(2 Company Cont Details	tacts Addresses E	4 5 - Ausiness Bank ssificatior Accounts	— 6 Review		R			
Register Supplier: Business Classifications ⑦					Back Next	Save for Later	Register	<u>C</u> ancel
Enter at least one business classification or select none applicable.						ATT SHOT AT BL		10 10 10 M
None of the classifications are applicable								
Actions 🔻 View 🔻 Format 👻 🕂 🗰 Freeze 📓 Detach 🚽 Wrap								
* 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

10

5

Bank

Accounts

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



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 10P</u> and proceed to the next section.



For questions or support contact us at support contact us at 202-442-6870



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

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

Additional Information section

- G. Account Name (required) Enter the name of the bank account
- H. Alternate Account Name (optional) If applicable, provide an alternate account name
- I. 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
- J. Check Digits (optional) Not applicable in most cases. A check digit is a digit added to a string of numbers for error detection purposes.
- K. 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
- L. Account Type (required) Select an option from the drop-down list of values: Checking, Savings, Unknown
- M. Description (optional) Enter a description about the bank account

Comments Section

N. Note to Approver (optional) – Enter any comments for approval of the bank account information provided

nter account number or IBAN unless account r	Imber is marked as required.	
A * Country	▼ E IBAN	
B Bank	Currency	
C Branch	v	
Account Number		
Additional Information		
G Account Name	Agency Location Code	
Alternate Account Name	Account Type	
Account Suffix	Description	
Check Digits		
Comments		
Note to Approver		



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>



10

5

Bank Accour OFFICE OF THE CHIEF FINANCIAL OFFICER

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

Bank Accounts (continued) – Save the bank account information

O. When finished entering the bank details information, click the **OK** button

unie	<u> </u>			
	Create Bank Accoun	t		
	Enter account number or	IBAN unless account number is marked	as required.	
	* Country	United States	▼ IBAN	
	Bank	SUNTRUST BANK	▼ Currency	•
	Branch	SUNTRUST BANK - 051000020	•	
	* Account Number	0012345678		
	Additional Inform	ation		
	Account Na	Fun 2 Travel Compnay	Agency Location Code	
	Alternate Accou Nai		Account Type	Checking ~
	Account Suf	fix	Description	
	Check Dig	its		
	Comments			
	Note to Approver			
				Create Another OK Cancel

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

ORACLE						j) Sign I
	⊘ — ⊘ — ⊙	→ →	6	₽ \		
	Company Contacts Addre Details	sses Business Bank Classifications Accoun		<u>\</u>		
Register Supplier: Bank Accounts ⑦				Back Ne <u>x</u> t Save	for Later Register	<u>C</u> ancel
						199 B B 9
	🎹 Freeze 📓 Detach 🚽 Wrap					
Account Number		IBAN Cu	irrency Bank		Edit	Delete
XXXXX5678			SUNTE	RUST BANK		×
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

mana mana mana mana mana mana mana mana) Sig	
Option Construction				⊘ — ⊘)	⊘—⊘	6					
And and a feat of a feat and a f				Company Contac Details	cts Addresses Bu Class	siness Bank sifications Account						
 	Review Suppl	ier Registrati	ion: Fun 2 Tra	wel Company (3		[Back Next	Save for Lat	ter Register	<u>C</u> anc	
	company Details	6							6 6 5			
Tapper 10 123-627 Tapper 10 123-627 <th c<="" td=""><td></td><td>Company</td><td>Fun 2 Travel Compa</td><td>any</td><td></td><td></td><td>D-U-N-S Number</td><td></td><td></td><td></td><td></td></th>	<td></td> <td>Company</td> <td>Fun 2 Travel Compa</td> <td>any</td> <td></td> <td></td> <td>D-U-N-S Number</td> <td></td> <td></td> <td></td> <td></td>		Company	Fun 2 Travel Compa	any			D-U-N-S Number				
Targettering the product of the produ	Ta	x Organization Type	Sole Ownership				Tax Country	United States				
Note to Approve A Address Address Approve Add		Supplier Type	Vendor-Individual				Taxpayer ID	123-45-6789				
tational set and the set of the s		Corporate Web Site				Tax Re	-					
Addres View () () () () () () () () () (1.	<i>;</i>		
Type Category " File Name or URL Title Description Attached Pa Attached Date File From Suppler Mg pdf Mg pdf Wg Form anonymous 07/28/2022 09.27 Image: Category	ttachments											
Pic Prom Supplier Mod pdf Wo Porm anonymous 07/29/2022 09.27 Pic Prom Supplier ACH FORM for Company dock ACH FORM for Company. ACH Form anonymous 07/29/2022 09.25 anonymous 07/29/2022 09.25 anonymous 07/29/2022 09.25 anonymous 07/29/2022 09.24 anonymous 07/29/202 09.24 anonymous 07/29/202 09.24 anonymous dock dock anonymous dock anonymous dock dock anonymous dock dock dock dock dock dock dock	Actions • View •	+ ×										
Index From Suppler ACH FORM for Company, dock ACH FORM for Company, and ACH FORM anonymous 07/292022 09.24 File From Suppler BANK LETTER - SUNTRUST BANK docx BANK LETTER - SUNTR Bank Letter anonymous 07/292022 09.24 Ontacls Job Title Email Administrative Contact Request User Account Detail Name Job Title Email Administrative Contact Request User Account Detail Address Purpose Detail Address Purpose Detail Address Stame Address Purpose Detail Columns Hidden 3 Phone Address Purpose Detail Address Staffcations Phone Address Purpose Detail None of the classifications are applicable Wrap Staff address None of the classifications Staff address Other Certifying Agency Other Certifying Certificate Staff addres Attachments No Mitority Owned Address American Other Staff address Listaff address Listaff address <	Туре	Category	* File Name or UF	8L	Title		Description	Attache	ed By At	ttached Date		
Pie Prom Suppler BANK LETTER - SUNTRUST BANK docx Bank Letter anonymous 07292020 09.24 Ontait Freeze Detain Administrative Contract Administrative Supplement Administrative Supplement Administrative Supplement Request Luter Detain Other Serie Phone Address Ph	File	From Supplier	fw9.pdf		fw9.pdf		W9 Form	anonymo	ous 07	7/29/2022 09:27		
Address Pione Address Purpose Oetal Address Sume Address Vev Formal * Address Purpose Oetal Address Sume Address Phone Address Purpose Oetal Address Sume Address Vev Formal * Ordering Remit to Image: Statistication in the statisticatisticatisticatististicatisticatisticatististicatisticatistist	File	From Supplier	ACH FORM for Con	ipany.docx	ACH FOR	M for Company	ACH Form	anonymo	ous 07	7/29/2022 09:25		
Years P format Freeze D table Job Title Email Addression Reguest User De table Traveler, Mary	File	From Supplier	BANK LETTER - SU	INTRUST BANK.docx	BANK LET	TTER - SUNTR	Bank Letter	anonymo	ous 07	7/29/2022 09:24		
ddresses New + Format · Freeze Detach · Wrap Address Name Address Phone Address Purpose Detail HEADQUARTERS 123 GOLDEN SUN LANE,SUITE 300,SAN DIEGO, CA 96765 +1 (800) 123-457 Ordering, Remit 10 Image: Columns Hidden 3 Columns Hidden 3<		Freeze	Detach 🚽 Wrap		Job Title	E	mail		rative Red	quest User Account	Detail	
View • Format • Freeze © Detach • Wrap Address Name Address Phone Address Purpose Detail HEADQUARTERS 123 GOLDEN SUN LANE, SUITE 300, SAN DIEGO, CA 96765 +1 (800) 123-4567 Ordening, Remit 10 Image: Calibration Remit 10 <t< th=""><th>Name</th><th>Freeze</th><th>Detach 🚽 Wrap</th><th></th><th>Job Title</th><th></th><th></th><th>Conta</th><th>rative Red act /</th><th>Account</th><th></th></t<>	Name	Freeze	Detach 🚽 Wrap		Job Title			Conta	rative Red act /	Account		
Address Name Address Phone Address Purpose Oter interpose Oterpose <t< td=""><td>Name Traveler, Mary</td><td>Freeze</td><td>Detach 📣 Wrap</td><td></td><td>Job Title</td><td></td><td></td><td>Conta</td><td>rative Ree loct /</td><td>Account</td><td></td></t<>	Name Traveler, Mary	Freeze	Detach 📣 Wrap		Job Title			Conta	rative Ree loct /	Account		
HEADQUARTERS 123 GOLDEN SUN LANE,SUITE 300,SAN DIEGO, CA 96765 +1 (800) 123-4567 Ordering: Remit to Columns Hidden 3 Usiness Classifications - None of the classifications View ← Format ← im Freeze Bubclassification African American Other Other Certifying Certificate Start Date Expiration African American Other SBA 123 GOLDEN SUN LANE,SUITE 300,SAN DIEGO, CA 96765 + 1 (800) 123-4567 Ordering: Remit to Subclassifications - None of the classifications View ← Format ← im Freeze Imority Owned African American Other SBA 12345 01/01/2020 12/31/2025 Business Certificate Business Certificate Kecount Number IBAN Curree Bark Expiration IBAN Expiration IBAN Image: Start Date S	Name Traveler, Mary Columns Hidden 7	Freeze	Detach 🚽 Wrap		Job Title			Conta	rative Red Ict /	Account		
Columns Hidden 3 usiness Classifications None of the classifications are applicable View Format	Name Traveler, Mary Columns Hidden 7 ddresses				Job Title			Conta	rative Ree lect /	Account		
usiness Classifications - None of the classifications are applicable View Format Precze Detach View Karchanenican Other SBA Certifying Certifying SBA SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	Name Traveler, Mary Columns Hidden 7 ddresses View • Format •	Freeze 🔐	Detach 🚽 Wrap		Job Title		n4utravel2@gmail.co	Conta m ✓	ict /	Account	127	
None of the classifications are applicable View Format Freeze Detach Wrap Classification Certifying Agency Other Certifying Agency Certifying Agency Certifying Agency Minority Owned Image: Certifying Agency Other SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency Minority Owned Image: Certifying Agency SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency Minority Owned Image: Certifying Agency SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency View Format Freeze Detach Image: Certifying Agency SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency View Format Freeze Detach Image: Certifying Agency SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency View Format Freeze Detach Image: Certifying Agency SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency	Name Traveler, Mary Columns Hidden 7 ddresses View • Format • Address Name	Freeze Addre] Detach 🚽 Wrap SS				n4utravel2@gmail.co Phone	Conta m ✓ Address	s Purpose	Account	Detail	
View + Format • • Freeze Detach • Wrap Classification Subclassification Minority Owned African American Other SBA 12345 01/01/2020 12/31/2025 Business Certifi Minority Owned African American Other SBA 12345 01/01/2020 12/31/2025 Business Certifi No Minority Owned African American Other SBA 12345 01/01/2020 12/31/2025 Business Certifi No Minority Owned IBAN Currery Bank	Name Traveler, Mary Columns Hidden 7 ddresses View Format F Address Name HEADQUARTERS	Freeze Addre] Detach 🚽 Wrap SS				n4utravel2@gmail.co Phone	Conta m ✓ Address	s Purpose	Account	Detail	
Classification Subclassification Certifying Agency Other Certifying Agency Start Date Expiration Attachments No Minority Owned Atrican American Other SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency Attachments Attrican American Other SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency Attrican American Attrican American Other SBA 12345 01/01/2020 12/31/2025 Business Certifying Agency Attrican American Start Attrican American Start Start Start Start Start Start Start Start Attrican American Ameri	Name Traveler, Mary Columns Hidden 7 ddresses View Format Address Name HEADQUARTERS Columns Hidden 3	Freeze X Addre 123 GC] Detach 🚽 Wrap SS				n4utravel2@gmail.co Phone	Conta m ✓ Address	s Purpose	Account	Detail	
Minority Owned African American Other SBA 12345 01/01/2020 12/31/2025 Business Certil ank Accounts View ▼ Format ▼ III Freeze III Detach III Wrap Account Number IBAN Currency Bank	Name Traveler, Mary Columns Hidden 7 ddresses View Format Address Name HEADQUARTERS Columns Hidden 3 dusiness Classific	Freeze Addre 123 GC] Detach 🚽 Wrap SS DLDEN SUN LANE, SL				n4utravel2@gmail.co Phone	Conta m ✓ Address	s Purpose	Account	Detail	
ank Accounts View Format Freeze Detach Wrap Account Number IBAN Currency Bank	Name Traveler, Mary Columns Hidden 7 ddresses View Format Address Name HEADQUARTERS Columns Hidden 3 Business Classific — None of the class	Freeze Addre 123 GC cations affications are applicat] Detach 🚽 Wrap ss DLDEN SUN LANE,SU ble	IITE 300,SAN DIEGO, C			n4utravel2@gmail.co Phone	Conta m ✓ Address	s Purpose	Account	Detail	
View + Format + III Freeze Detach Wrap Account Number IBAN Currency Bank	Name Traveler, Mary Columns Hidden 7 ddresses View Format Address Name HEADQUARTERS Columns Hidden 3 usiness Classific Usine of the class View Format	Freeze Addre 123 GC cations affications are applicat] Detach 🚽 Wrap ss DLDEN SUN LANE,SU ble	ITE 300,SAN DIEGO, C.	A 96765	fu	n4utravel2@gmail.co Phone +1 (800) 12	Address	cct /	Account	Detail	
Account Number IBAN Currency Bank	Name Traveler, Mary Columns Hidden 7 ddresses View • Format • Address Name HEADQUARTERS Columns Hidden 3 usiness Classific — None of the class View • Format • Classification	Freeze Addre 123 GC cations affications are applicat] Detach 🚽 Wrap ss DLDEN SUN LANE,SU ble	IITE 300,SAN DIEGO, C. Subclassification	A 96765 Certifying Agency	fur Other Certifyin Agency	n4utravel2@gmail.co Phone +1 (800) 12 9 Certificate	Address 3-4567 Ordering; Start Date	s Purpose Remit to Expiration Date	Account	Detail Contail	
	Name Traveler, Mary Columns Hidden 7 ddresses View Format Address Name HEADQUARTERS Columns Hidden 3 Business Classific — None of the class	Freeze Addre 123 GC cations affications are applicat] Detach 🚽 Wrap ss DLDEN SUN LANE,SU ble	IITE 300,SAN DIEGO, C. Subclassification	A 96765 Certifying Agency	fur Other Certifyin Agency	n4utravel2@gmail.co Phone +1 (800) 12 9 Certificate	Address 3-4567 Ordering; Start Date	s Purpose Remit to Expiration Date	Account	Detail Contail	
XXXXX5678 SUNTRUST BANK	Name Traveler, Mary Columns Hidden 7 ddresses View Format Address Name HEADQUARTERS Columns Hidden 3 usiness Classific — None of the class View Format Classification Minority Owned ank Accounts	Freeze Addre 123 GC cations sifications are applica	Detach d Wrap SS DLDEN SUN LANE, SL ble Detach d Wrap	ITE 300,SAN DIEGO, C Subclassification African American	A 96765 Certifying Agency	fur Other Certifyin Agency	n4utravel2@gmail.co Phone +1 (800) 12 9 Certificate	Address 3-4567 Ordering; Start Date	s Purpose Remit to Expiration Date	Account	Detail	
	Name Traveler, Mary Columns Hidden 7 Addresses View Format Address Name HEADQUARTERS Columns Hidden 3 Business Classific Usiness Classific Classification Minority Owned Bank Accounts	Freeze Addre 123 GC cations sifications are applica	Detach d Wrap SS DLDEN SUN LANE, SL ble Detach d Wrap	ITE 300,SAN DIEGO, C Subclassification African American	A 96765 Certifying Agency	fur Other Certifyin Agency SBA	n4utravel2@gmail.co Phone +1 (800) 12 9 Certificate 12345	x Address 3.4567 Ordering; Start Date 01/01/2020	s Purpose Remit to Expiration 12/31/2025	Account	Detail	



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

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.