

UT Southwestern Medical Center
PeopleSoft Accounts Payable Supplier Portal Registration

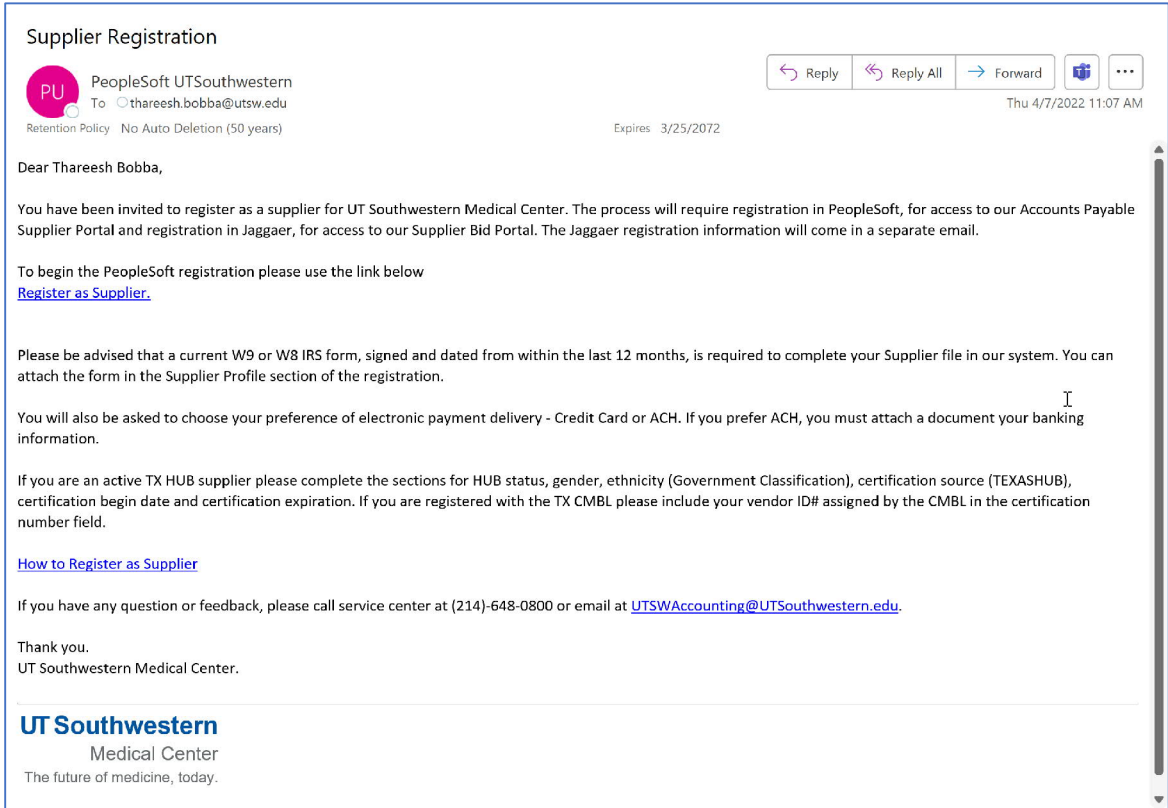
You have been invited to register as a supplier for UT Southwestern Medical Center. Registration takes place in 2 systems that may be done consecutively. The instructions and screens below are for the PeopleSoft Supplier Portal Registration.

- PeopleSoft Supplier Portal Registration will allow your company the ability to view the status of invoices and their payments as well as update your company address, contact, and payment information.
- Jaggaer Supplier registration will be sent to you via a separate link. Jaggaer registration allows you to bid on future on open UTSW RFP events based on your commodity code(s).

Steps for PeopleSoft Supplier Portal Registration:

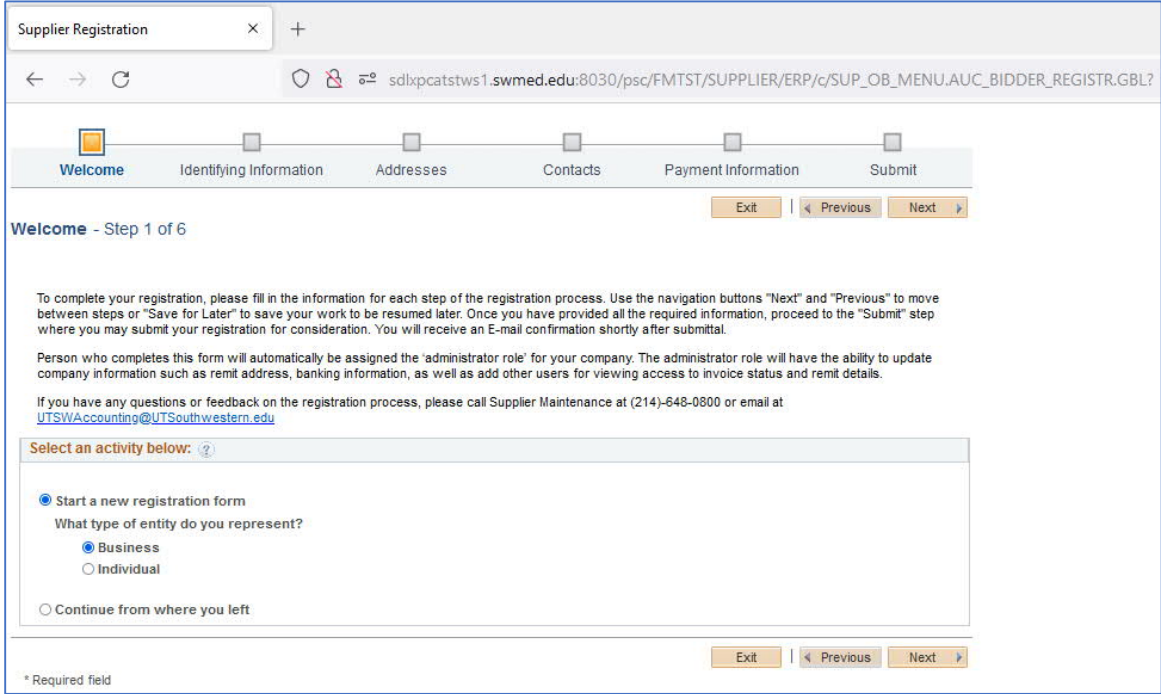
You will receive an email from UT Southwestern (see below example).

Use link [Register as Supplier](#) to access Supplier registration form and follow the instructions as below.



Step 1 of 6 – Welcome Screen

At Welcome screen, leave 'Start a new registration' checked. Confirm if you are a business or an individual, then click next.



Step 2 of 6 - Identifying Information – Complete each of the following sections.

Unique ID & Company Profile ?

* Tax Identification Number

Jaggaer Integration Number

* Entity Name Add Attachment

Additional Name

http://URL Open URL

Entry Field	Description
Tax Identification Number	Enter the valid TIN as issued by the Internal Revenue Service (IRS).
Jaggaer Integration Number	Enter the Jaggaer number if you know it
Entity Name	Enter the individual or company legal name.
Additional Name	Doing Business As (DBA)
http://URL	Enter a URL or click the Open URL link to populate the URL in the http://URL field.
Add Attachment	Click this link to add supporting documentation. W-9 or W-8 IRS form is a required attachment.

Entry Field	Description
EEO Certification Date (equal employment opportunity certification date)	Enter the supplier's EEO certification date.
HUB Zone (historically underutilized business zone)	Select if the supplier qualifies for this classification.
Certification Source	Enter the supplier's certification source.
Certification Begin Dt and Certification Expiration	Enter the start date and expiration date for the certificate.
Government Classification	Enter the type of government classification for which your supplier qualifies.
Certificate number	Enter the number of the certificate that your supplier received from this source, verifying that the supplier is qualified for this government classification.

Profile Questions ?

* Please select "Yes" if you are an active TX HUB supplier. Also complete the sections for HUB status, gender, ethnicity (Government Classification), certification

* If Texas HUB = Yes. Provide Owner's gender as reported to the CMBL. (Not Texas HUB certified select Not Applicable). If MWBE, MBE or WBE =

* Specify your PO Distribution Method Ex. Fax, Email or Electronic

* Provide the email address or fax number for PO Distribution

* Is your company on Jaggaer or GHX platform? (If not on one of them select Not Applicable)

* Are you a foreign company?

* Are you providing Product or Service?

* Payment Method
a. Credit Card - Skip section 5, we will contact you with additional information
b. ACH - Complete section 5 and attach

Question	Type	Description
Texas HUB Vendor	Yes / NO	Please select "Yes" if you are an active TX HUB supplier. Also complete the sections for HUB status, gender, ethnicity (Government Classification), certification source (TEXASHUB), certification begin date and certification expiration. If you are registered with the TX CMBL please include your vendor ID# assigned by the CMBL in the certification number field. If you are an MWBE, MBE or WBE please also add those records and according to certification information. Otherwise, select "No".
If Texas HUB vendor – Owner's Gender	List	If Texas HUB = Yes. Provide Owner's gender as reported to the CMBL. If MWBE, MBE or WBE = "Yes" please provide Owner's gender here as well. If not Texas HUB certified select Not Applicable
PO Distribution method	List	Specify your PO Distribution Method Ex. Fax, Email or Electronic
Email of Fax number for PO Distribution	Text	Provide the email address or fax number for PO Distribution
EDX integration of PO	List	Is your company on Jaggaer or GHX platform? (If not on one of them select Not Applicable)
US or Foreign company	Yes / No	Are you a foreign company?
Type of provider	List	Are you providing Product or Service?
Payment method Preferred	List	* Payment Method a. Credit Card - Skip section 5, we will contact you with additional information b. ACH - Complete section 5 and attach banking info c. Wire (foreign suppliers only, fees apply) - Skip section 5 and attach banking info

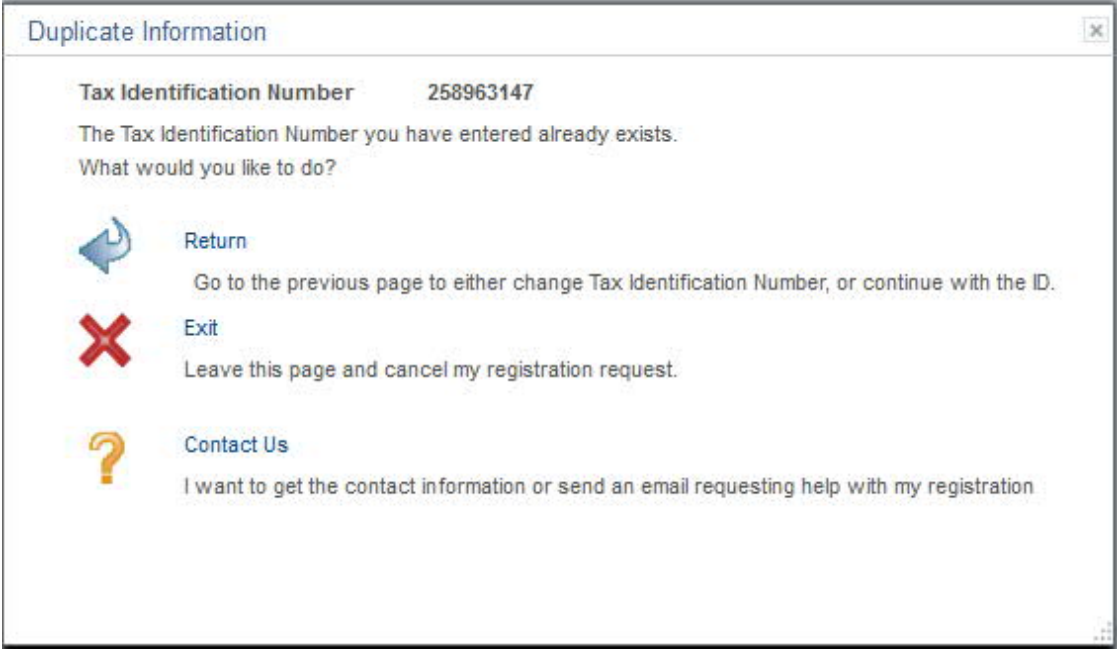
Note: Any field with * in front is required field. Please fill all the required fields to move to next screen.
As of 05/06/2022

US – NAICS Codes - The system provides the list of US NAICS codes. Select a code for the supplier.
Based on the SIC information that you select, the system populates the Description field.

Field	Description
Common Parent's TIN	Enter the tax identification number for the common parent. This number is used to uniquely identify a business. Note: Common Parent's TIN is not used in 1099 Withholding processing.
Common Parent's Name	Enter a parent supplier name for this supplier ID. In this case, the common parent is the corporate entity that owns or controls an affiliated group of corporations that files its federal income tax returns on a consolidated basis, and of which this supplier is a member.
Type of Contractor	Select the type of contractor that this supplier represents, such as a large business or education institution. The contract types are defined in Federal Acquisition Regulation (FAR) Part 16.
HUBZone Program (historically underutilized business zone program)	The HUBZone Empowerment Contracting program provides federal contracting opportunities for qualified small businesses located in distressed areas.
SDB Program (small, disadvantaged business program)	A Small Disadvantage Business (SDB) program provides business development and federal contracting opportunities for small, disadvantaged businesses that would not otherwise qualify for such programs. An SDB enables small businesses to compete in the federal contracting arena and helps expose them to a wider range of subcontracting opportunities that are typically available for large firms only. Programs of this nature are intended

	to help federal agencies achieve the government-wide goal of 5 percent SDB participation in prime contracting.
Size of Small Business	If you selected the Emerging Small Business check box, select the applicable business size for this small business from the available options.
Other Preference Programs	Select a preferred socioeconomic program for use with this supplier. These programs are defined under FAR subchapter D - Socioeconomic Programs.
Veteran-owned small business	The veteran-owned small business program provides veteran-owned small businesses maximum practical opportunity to participate in the performance of contracts and subcontracts awarded by any federal agency.
Ethnicity	Select an ethnic group that applies to the supplier. Values include: African American, Asian American, Hispanic American, Native American, and Other. When you select the other option, you can enter the ethnicity.
Please Check all the Apply	Emerging Small Business Women-Owned Business Veteran Disabled
Comments	Enter any comments about the Supplier.

Click Next to move forward
Duplicate Information page will appear if TIN duplicate found in our system



Field or Control	Description
Return	Click this link to return to the Identifying Information page, where you can enter a different taxpayer identification number (TIN) and continue the registration process.
Exit	Click this link to completely exit the online registration pages and cancel the registration request.
Contact Us	Click this link to access the registration help contact or initiate an email message you can use to request help with registration.

To send email at this point, fill in your name, email address, and click Send Email.

Contact Us

If you have any question or feedback, please call us at (214)-648-0800 or fill in your message below to contact us by email.

* **Your Name**

* **Email Address**

* **Message**

Click the Save for Later button when available on the registration pages.

This example illustrates the fields and controls on the Save for Later page.

Save for Later


Your In-Progress registration form will be saved and email communication regarding the registration will be sent to:

You may change to send emails to a different address.

Enter a valid email address to receive notifications and communication about this registration. You can resume where you left off later. Our system saves your in-progress registration and will send 2 emails containing the information required to resume your registration. One email with your user ID and one with a temporary password.

Here are sample emails you will receive

Supplier Registration Save for Later Confirmation

 PeopleSoft UTSouthwestern
To: thareesh.bobba@utsw.edu

Retention Policy No Auto Deletion (50 years) Expires 3/26/2072

Reply Reply All Forward

Fri 4/8/2022 10:33 AM

Thank you for your interest in registering with UT Southwestern Medical Center. This e-mail is to inform you that your in-process registration request has been successfully saved.

To complete your PeopleSoft registration, use the link below, click 'Continue where you left off'.

Link to complete registration on our website: https://vendor2.swmed.edu/psc/FMPRDS/SUPPLIER/ERP/c/SUP_OB_MENU.AUC_BIDDER_REGISTR.GBL?&


To resume your registration application, you will need to enter the following information:
 Registration ID: 0000002318
 Tax Identification Number: 258963147
 E-mail ID: thareesh.bobba@utsw.edu
 Password: (will be e-mailed to you separately)

If you have any question or feedback regarding your registration ID 0000002318, please call at (214)-648-0800 or email at UTSWAccounting@UTSouthwestern.edu.

Thank you,
 UT Southwestern Medical Center.

UT Southwestern
 Medical Center
 The future of medicine, today.

Registration Access for request ID 0000002318

 PeopleSoft UTSouthwestern
To: thareesh.bobba@utsw.edu

Retention Policy No Auto Deletion (50 years) Expires 3/26/2072

Reply Reply All Forward

Fri 4/8/2022 10:33 AM

Thank you for your interest in registering with UT Southwestern Medical Center. You should have received a separate e-mail with instructions on how to resume your registration application. In order to resume your registration request, you will need the following password:

Your password is T{pbZkQ}

If you have any question or feedback regarding your registration ID Supplier, please call at (214)-648-0800 or email at UTSWAccounting@UTSouthwestern.edu.

Thank you,
 UT Southwestern Medical Center

UT Southwestern
 Medical Center

The future of medicine, today.

Step 3 of 6 – Addresses

Enter an address in the Primary Address section. The primary address is used for the main business address and for purchase order (PO) distribution unless otherwise specified. Each line has a maximum of 40 characters allowed.

If desired, you can add these additional addresses:

- Click the Remit To Address check box to add an address for remitting payment.
- Click the Invoice Address check box to add an address for invoices.

Welcome Identifying Information **Addresses** Contacts Payment Information Submit

Exit Save for Later | Previous Next

Addresses - Step 3 of 6

Primary address is used for procurement and remit functions (ordering, remitting & returning). Primary email is used for PO dispatch. If separate remit address is needed, please add under "Other Address" section.

Primary Address ?

* Country USA United States

Address 1 123 Main Street

Address 2

Address 3

Address 4

City Dallas

County Dallas Postal 75225

State TX

Email ID thareesh.bobba@utsw.edu

Other Addresses ?

Check boxes below to indicate addresses that are different from your Primary Address above:

Remit To Address
Address for remitting payment

Invoice Address
Address from which you send invoice

Exit Save for Later | Previous Next

Other Addresses ?

Check boxes below to indicate addresses that are different from your Primary Address above:

Remit To Address
Address for remitting payment

* Country United States

Address 1

Address 2

Address 3

Address 4

City

County Postal

State

Email ID

Invoice Address
Address from which you send invoice

Exit Save for Later | Previous Next

Step 4 of 6 – Contacts

Primary contact automatically is assigned the 'Administrator Role' for the company. The administrator role will have the ability to update company information such as address, banking information, and ability to add additional users to access invoice/payment status. Please ensure the Primary Contact has authority to update sensitive information for your company.

Welcome Identifying Information Addresses **Contacts** Payment Information Submit

Exit Save for Later | Previous Next

Contacts - Step 4 of 6

Primary contact automatically is assigned the 'Administrator Role' for your company. The administrator role will have the ability to update company information such as remit address, banking information, as well as add other users for view only access.

Company Contacts ?

You have not added any contact information to your application. Choose "Add Contact" to add new contact information.

Add Contact

Exit Save for Later | Previous Next

* Required field

Note: Any field with * in front is required field. Please fill all the required fields to move to next screen.

Enter contact information in the Add Account fields and click ok to move forward.

- Requested User ID – Use individual email address
- Description field - Use individuals name to identify the user account.
- If you enter more than one contact, you must designate one contact as the primary contact by checking the Primary Contact checkbox. Primary Contact must have authority to make changes such as update for address, banking information, and the ability to add additional users to access invoice/payment status.

Add Contact ✕

Contact Information ?

Description

* First Name Primary Contact

* Last Name

Title

* Email ID

* Telephone Ext

Fax Number

Contact Type

User Profile Information ?

* Requested User ID

Description

Language Code

Time Zone

Currency Code

Welcome | Identifying Information | Addresses | Contacts | Payment Information | Submit

| | |

Contacts - Step 4 of 6

Primary contact automatically is assigned the 'Administrator Role' for your company. The administrator role will have the ability to update company information such as remit address, banking information, as well as add other users for view only access.

Company Contacts ?

Primary	Name	Phone	Designate Address
<input checked="" type="radio"/>	Thareesh Bobba	214/214-2141	Primary Address <input type="text"/>

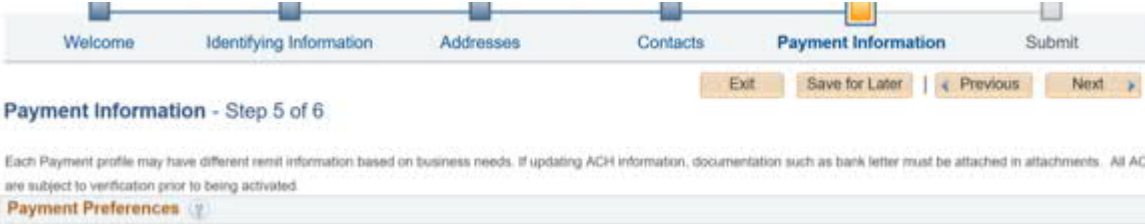
| | |

* Required field

Note: Any field with * in front is required field. Please fill all the required fields to move to next screen.
As of 05/06/2022

Step 5 of 6 - Payment Information

- Credit Card – Virtual Credit Card (Single Use Program – SUA) is the preferred payment method by UT Southwestern. If you choose credit card in the profile questions above, we will reach out to you separately with additional details. Skip to section 6 if you choose credit card payment.
- Automated Clearing House (ACH) method is also available. Enter information in this section. Attach a document for reference which contains banking information for ACH.



Payment Preferences Section: Remittance advice - payment notification for ACH

- Check 'Enable Email Payment Advice'
- Enter appropriate email address. The email provided will be used to send detailed remittance information. Space is limited to 70 characters max.
- Select the payment method for which you are enabling the payment notification.

Payment Preferences ?

Enable Email Payment Advice

Email Address

Payment Method

ACH Bank account information

- Please enter your banking information
- Attach a letter from your bank or other documentation with your banking information.

Supplier Banking Information ?

Country United States

Bank Name

Branch Name

Bank ID Qualifier Account Type

Bank ID

Branch ID

Bank Account Number Check Digit

DFI Qualifier DFI ID

IBAN

Bank Address

* Country United States

Address 1

Address 2

Address 3

Address 4

City

County Postal

State

Bank Phone

Prefix

Phone

Ext

Fax

Attachments ?

Add Attachment

URL Information ?

URLID	Description			
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 6 of 6 – Submit

Enter the email address to receive registration updates.

Check to accept Terms of Agreement.

Submit

Progress bar: Welcome, Identifying Information, Addresses, Contacts, Payment Information, **Submit**

Buttons: Exit, Save for Later, Previous, Next

Submit - Step 6 of 6

Select the "Review" button to review the registration information.
Click the "Submit" button to submit your registration after reviewing and accepting following Terms of Agreement .

Email communication regarding this registration will be sent to:

Terms and Conditions ?

Make sure you read terms of agreement fully before submitting your registration.

Select to accept the Terms of Agreement below.
[Terms of Agreement](#)

Buttons: Review, Submit

Buttons: Exit, Save for Later, Previous, Next

Terms of Agreement

Terms of Agreement [Print](#)

The services provided through this Accounts Payable Supplier Portal (APSP) Website and the use of the APSP Website are governed by these Terms and Conditions. By accessing or using the services or the APSP website or by registering as either a buyer or a seller, you agree that (1) you have read and familiarized yourself with the Terms and Conditions, (2) you understand the Terms and Conditions, and (3) you are bound by the Terms and Conditions in your use of the services of the APSP Website. The Terms and Conditions, constitute the entire agreement and supersede and replace any and all prior agreements between the parties regarding this Accounts Payable Supplier Portal website.

Registration and Eligibility. The services and the APSP website are only available to persons with the legal capacity to enter into this agreement. This organization may, at its sole and absolute discretion, refuse to accept a person's (or entity's) registration and may at any time after accepting registration, refuse to permit a person's (or entity's) continuing use of the services and the Website for any reason.

Changes to Services, Website and Terms and Conditions of the Accounts Payable Supplier Portal. User acknowledges and agrees that this organization may change, modify, amend, suspend or discontinue any aspect of the services or the Website, at any time, without notice and without liability to user or to any third party. Further, user acknowledges and agrees that the organization may amend any or all of the Accounts Payable Supplier Portal Terms and Conditions at any time without notice. Any amendment of these Terms and Conditions will be reflected on the APSP Website. User is encouraged to periodically review the Terms and Conditions posted on the APSP Website. Use of the services and the website constitutes acceptance of the Terms and Conditions, including any amendments thereto.


[Return](#)

Note: Any field with * in front is required field. Please fill all the required fields to move to next screen.

Below is an example of the screen showing a successful submission. This includes your Registration Form number.
Close the browser after submission.

Registration Submit Details

Submitted


 You have successfully submitted your registration.

Your registration ID:
0000002319

Any email regarding the registration status will be sent to:
thareesh.bobba@utsw.edu

Email will be sent to the email address provided

Your registration form has been submitted for approval



Thareesh Bobba

To: thareesh.bobba@utsw.edu

Retention Policy No Auto Deletion (50 years)

Expires 3/26/2072

Fri 4/8/2022 4:24 PM

Your supplier registration form, registraion ID 0000002319 has been submitted for approval.

You will be notified at this email address of any changes in your registration status.

If you have any question or feedback regarding your registraion ID 0000002319, please call the application service center at (214)-648-0800, or email utswpurchasing@utsouthwestern.edu.

Thank you.
UT Southwestern Medical Center.

UT Southwestern
Medical Center
The future of medicine, today.

Do not reply to the email and watch for further information on approvals, user account setup communications.