



Submission ID:  
*For CEO's Office Use Only*

**University Medical Service Association, Inc.**

<b>New:</b>	<input type="checkbox"/>	<b>Revised:</b>	<input checked="" type="checkbox"/>	<b>Supersedes:</b>	2009, 2012
-------------	--------------------------	-----------------	-------------------------------------	--------------------	------------

<b>Internal Guideline, Procedure or Policy Name:</b>	Vendor Setup and Maintenance (formerly included within Accounts Payable Policy)		
<b>Responsible Office:</b>	Finance and Accounting		
<b>Submitted By:</b>	Alisha Ozmeral	<b>Title:</b>	Chief Financial Officer

Review/Approvals:	Committee Name and/or CEO Name:	Date Approved:
<b>Oversight Committee</b> <i>(if applicable):</i>		
<b>UMSA CEO:</b>	Renée Dubault	11/30/2022
<b>UMSA Finance or Board</b> <i>(if applicable):</i>	Finance Committee	11/30/2022

**OBJECTIVES AND PURPOSES:** To establish a policy establishing guidelines and internal controls for Vendor Setup and Maintenance.

**STATEMENT OF INTERNAL GUIDELINES.** UMSA Department of Finance & Accounting (F&A) is responsible for maintaining the Vendor Master File within Unit4. Access is limited to only those with a business need including read-only access to taxpayer identification number (TIN) and bank account numbers. Vendor set-up and maintenance is separate from other purchasing and payment functions to maintain a separation of duties.

**New Vendor Set-up - Procedures:**

1. The Departments request and completes an UMSA New Vendor Form to add a new vendor via the email [health-vendors@usf.edu](mailto:health-vendors@usf.edu). The form must include reason for adding the vendor, vendor name, vendor contact name, vendor email, vendor phone number, vendor web address, requestor name, and requestor email.
2. F&A representative authenticates the vendor through validation procedures prior to vendor setup:
  - a. The vendor sends the W-9 or W-8 document directly to F&A via email [health-vendors@usf.edu](mailto:health-vendors@usf.edu).
  - b. Finance reviews the document for accuracy and completeness.
  - c. The vendors are verified on the Sanction Check website through the USF Healthcare Compliance department to determine if any sanctions are listed. All alias names are verified. If there are any matches, F&A sends email to USF Healthcare Compliance Officer at [healthcompliance@usf.edu](mailto:healthcompliance@usf.edu) for further investigation and approval.
  - d. The vendor's taxpayer identification number (TIN) is validated using the Internal Revenue Service TIN matching portal.
  - e. The vendor name and TIN is searched in the Vendor Master File to ensure the vendor is not already established and there is only one vendor per TIN.
  - f. If a business, corroborate existence, address, business type and contact person using the business' website.

- g. If the vendor elects to be paid via ACH, the vendor must complete the Supplier ACH/Direct Deposit Authorization Form. A letter from the vendor's bank, on bank letterhead, is required to set up ACH information. The letter must match the vendor information supplied on the Vendor form and include bank account number, routing number and bank contact.
- h. Vendor information required in the Vendor Master File includes name, physical address, remit-to address, TIN, contact name, contact email, and contact phone number.
- i. If the vendor is a USF employee, the USF email address will be verified in Outlook. The employee must send in a W-9 directly to F&A and pass the Sanction check, like any other vendor.
- j. The Finance & Accounting Department Director or designee must approve all vendor additions via Unit 4 workflow. No payments will be made to the vendor before approval.
- k. All vendor validation documentation is retained and attached to the vendor file in Unit4.

**Changes to Existing Vendor - Procedures:**

1. The Departments or Accounts Payable Manager requests and completes an UMSA New Vendor Form via the email [health-vendors@usf.edu](mailto:health-vendors@usf.edu). The Request Type field on the form must indicate a Change Option from the drop-down menu. The form will be sent via Docusign from the email [health-vendors@usf.edu](mailto:health-vendors@usf.edu).
2. Changes to key vendor data (name, remit address, TIN, bank account number) are verified directly with the vendor via email [health-vendors@usf.edu](mailto:health-vendors@usf.edu) before making the change to the Vendor Master File. Changes to USF employee vendor files must come via email directly from their USF employee email address.
3. Authenticate the **source** of the change request by either confirming against contact information on the company's website or using contact information already on file for the vendor.
4. Changes to Remit-to address are also confirmed by matching to a current invoice.
5. Name changes will be run thru the Sanction Check website.
6. If the vendor wants the payment method changed to ACH, the vendor must complete the Supplier ACH/Direct Deposit Authorization Form. A letter from the vendor's bank, on bank letterhead, is required to set up ACH information. The letter must match the vendor information supplied on the Vendor form and include bank account number, routing number and bank contact. For existing vendors, in lieu of the bank letter, the vendor may provide the last 3 invoices paid by UMSA, including check information.
7. The Finance & Accounting Department Director or designee must approve all vendor change requests via Unit 4 workflow before the changes are available for use in the Unit 4 Vendor Master File.
8. All vendor validation documentation is retained and attached in Unit4.

**Vendor Master File Control Procedures:**

1. The F&A team member(s) responsible for the master vendor file additions or changes, or has system access to add or edit vendor data will not be an authorized check signer, or approver of other vendor payments, (i.e., wires, ACH, Visa.), be able to approve invoices for payment, whether by PO approval or by direct invoice approval for non-PO invoices, or handle unclaimed property.

2. Dormant vendors will be periodically inactivated. An F & A team member who does not have access to the Vendor Master File, will run a system report every 4 months to include all vendors. Vendors inactive for a consecutive 15-month period will be inactivated.
3. One-Time vendor will only be used for Accounts Receivable refunds and will be inactivated after payment is made.
4. F&A system access to add and edit vendors must be approved by Director of Finance & Accounting or CFO.
5. A report from Unit 4 will be generated monthly by an F&A Team Member who does not have access to the Vendor Master File or able to generate payments in Unit4. The report will detail new vendors as well as all changes made to the Vendor Master File that include name, physical address, remit-to address, TIN, contact name, contact email, contact phone number, and bank account number. The report will be sent via DocuSign to the CFO for review.

**RESPONSIBLE OFFICE:** The preceding was developed by UMSA Finance and Accounting. Any questions or concerns should be directed to the Chief Financial Officer at 813-974-2812.

**ATTACHMENTS:** Forms identified above



UMSA New Vendor Form

Accounting Systems, USF Health  
 MDC Box 62  
 (813) 974-0625  
[acctsys@usf.edu](mailto:acctsys@usf.edu)

W-9  
 attachment:

Vendor Name *	Enter Vendor Name
Vendor #	
Company *	UMSA MSSC DASF-MSSC UMSA Which company will vendor be paid from?
Request type *	Select option that applies.
Reason for Vendor Request *	Select option that applies.
Description of vendor product/service *	
Is this an UMSA, MSSC, or ASF Employee? *	Based on your answer, please complete one of the following two questions below.
If no to Employee, is 1099 reporting required?	Examples of 1099 reporting categories include: Independent Contractor, Drug Study Participant, Attorney/Legal, Consultants, Honorariums
If yes to Employee, are they a Chairman?	
Is this a USF Resident? *	If yes, no W9 required
Vendor Remit to Address *	Documentation required as proof of remittance: quote, invoice copy, etc.
Vendor Name & Address from W-9 *	Must provide corporate address even if the same as remittance.
Vendor Email Address *	
Vendor Telephone Number *	Including area code. This information is required to complete the vendor request!
Vendor Fax Number	Including area code.
Vendor's website *	
Requester's name *	
Requester's phone *	Office number.
Requester's Email Address *	Your work email.
Date submitted *	
Vendor Federal ID Number	Format: ###-##-#### or ##-#####
Vendor Terms	
Does this vendor accept ACH as form of payment? *	<a href="#">Please contact Purchasing at health-purchasing@usf.edu to send bank info.</a>
Does Vendor accept VISA as form of payment? *	
Customer or Quote number: *	
Comments	Please indicate if W9 has been received and if this is a 1099 vendor.
NOTICE *	Please allow a minimum of 3-5 business days before processing begins. Additional delays may occur if form is not completely prepared.
STATUS	PURCHASING USE ONLY
Purchasing's comments	For Purchasing use ONLY
OIG confirmation date	
F&A Authorizer approval	Signature: Date Signed:



## Supplier ACH/Direct Deposit Authorization form

<b>1. Please Check One:</b>
<input type="checkbox"/> NEW Direct Deposit <input type="checkbox"/> CHANGE Direct Deposit
<b>If change is requested, please explain:</b>

<b>2. Supplier/Payee Information:</b>
<b>Name:</b>
<b>Taxpayer ID/Social Security Number (Last 4 digits):</b>
<b>Address:</b>
<b>Contact Person's Name (if other than payee):</b>
<b>Contact Person's Email Address:</b>
<b>Telephone Number:</b>
<b>Remit Email Address (For ACH Remittance Notification):</b>

<b>3. Financial Institution Information</b>
<b>Bank Name:</b>
<b>Bank Address:</b>
<b>Name on Bank Account:</b>
<b>Bank Account Number:</b>
<b>Nine-Digit Bank Routing/Transit Number (ABA):</b>
<b>Type of Account:</b> <b>Checking</b> <b>Savings</b>
<p><b>* Required * Please pick one:</b></p> <p><b>A. Signed Letter from Financial Institution including account number, routing number and bank contact.</b></p> <p><b>B. Please provide the last 3 invoices paid by University Medical Service Association with check information</b></p>

<p><b>4. Approvals/Authorizations</b> - I certify that the information provided on this form is correct, and I hereby authorize University Medical Services Association to electronically deposit payments in the bank account designated above. I understand that this authorization will remain in full force and effect until University Medical Services Association has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.</p>
Print Name: _____ Signature: _____ Date: _____

<b>Important Information</b>
Please return completed form via email: <a href="mailto:health-payables@usf.edu">health-payables@usf.edu</a>

## Supplier ACH/Direct Deposit Authorization form

### For Internal Accounting Use Only

Validate Financial Institution contact info and letter with banking details:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Validate Supplier contact info and invoices and/or payments

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

CFO/Director of Finance Approval: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_