Supplier Registration-Independent Contractor

You will receive an e-mail from <u>purchasing@bgsu.edu</u> stating that you have been invited to register as a supplier.

The following instructions are how to complete your BGSU registration. Please make the necessary changes that represent your specific business setup. Click **Register Now**

Individual Invitation for Bowling Green State University

Dear Zelda Doomsday,

Bowling Green State University has invited you to register as a potential supplier.

Becoming a Bowling Green State University network supplier is free, easy and it only takes a few minutes to join. By selecting the "Register Now" button below, you will be routed to a secure website to complete the registration process. Upon successful completion of your registration, you will have access to your secure portal where you can add additional details about yourself.

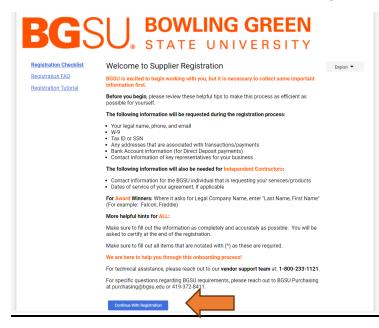
Register Now

Thank You,

Bowling Green State University

If you have any technical questions, please contact Renae Jackson Procure to Pay Analyst at <u>mjacks@bgsu.edu</u> or +1 419-372-8411 for assistance and identify yourself as registering in the Bowling Green State University Supplier Network.

Read welcome information and instructions. Click Continue with Registration



To create an account, fill in the following fields and create a password. Click **Create Account**

	Your Login
BGSU. BOWLING GREEN STATE UNIVERSITY	You are creating a JAGGAER One Login account. Once the account is created, you will be able to use this to access all JAGGAER applications using the same credentials. If you already have an account, please provide the details below.
Supplier Registration Registration Tutorial English -	
As you go through the additional registration pages, provide as much information about your company as possible, even if it's not required. The additional information you enter will help BGSU include your company appropriately in bids for goods and services.	kmarti+zeldadoomsday@bgsu.edu Email ★
Your Contact Info	kmarti+zeldadoomsday@bgsu.edu
Zelda Doomsday	Confirm Email 🖈
First Name 🖈 Last Name 🖈	······· •
Owner	Password 🖈 Re-Enter Password 🖈
Title	I am a user in need of accessibility assistance
419-372-0000 ext.	
Phone Number 🖈	Terms and Conditions
International phone numbers must begin with +	I have read and accepted JAGGAER's <u>Terms and Conditions E</u> [*]
EDT/EST - Eastern Standard Time (US/Eastern)	
Preferred Time Zone 🖈	I am human
	Create Account

Read the information and instructions given. Your name should auto populate at the bottom of the screen. Click **Save Changes** and **Next**.

Welcome to Suppl	ier Registration	
BGSU is excited to be	gin working with you, but it is necessary to collect some important information first.	
Before you begin, plea	ase review these helpful tips to make this process as efficient as possible for yourself.	
The following informa	ation will be requested during the registration process:	
 W-9 Tax ID or SSN Any addresses t Bank Account in 	e, phone, and email that are associated with transactions/payments formation (for Direct Deposit payments) ation of key representatives for your business	
The following informa	ation will also be needed for Independent Contractors:	
	ation for the BGSU individual that is requesting your services/products e of your agreement, if applicable	
For Award Winners: W	Vhere it asks for Legal Company Name, enter "Last Name, First Name" (For example: Falcon, Freddie)	
More helpful hints for	r ALL:	
Make sure to fill out th	he information as completely and accurately as possible. You will be asked to certify at the end of the regi	istration.
Make sure to fill out a	II items that are notated with (*) as these are required.	
We are here to help ye	ou through this onboarding process!	
For technical assistar	nce, please reach out to our vendor support team at: 1-800-233-1121.	
For specific questions	s regarding BGSU requirements, please reach out to BGSU Purchasing at purchasing@bgsu.edu or 419-37	2-8411.
Required to Start Reg	jistration	
First Name *	Zelda	
Last Name *	Doomeday	
★ Required to Complete	Registration Next >	Save Changes

Fill in the following information as it pertains to your personal information. Descriptions of each field are at the top to assist you with filling this section out. Click **Save Changes** and then **Next**.

Individual Informat	tion	
Legal Structure: cl Tax ID Number: No Are you EXEMPT fn o If Yes is sele o If No is sele o For further c o A general te	clarification, please consult your W emplate with IRS explanation can b	Tat is XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
First Name *	Inigo	
ast Name *	Montoya	
ountry of Origin * 🛛 😧	United States	 ▼
egal Structure * 🛛 😧	Individual/Sole Proprietor or	Single-Member LLC 🗸
ax ID Number Type 🤮	Social Security Number / So	cial Insurance Number 🗸
ax ID Number *	*****	۲
re you exempt from ackup withholding?*	® Yes ○ No ₽	
dditional Questions		
re you a current BGSU er	nployee? *	
◯ Yes ● No		
lave you been a BGSU en	nployee in the last 12 months? *	
Required to Complete I	Registration	Save Changes

<u>Addresses</u>

Follow instructions on adding an address(es). Click Add Address

Addresses	
Select "Add Address" below to begin. Make sure to include ANY address that would need to receive correspondence or payment from BGSU. Required address types are listed below:	Add Address
 Fulfillment (PO delivery) - PLEASE NOTE: Only the fulfillment address labeled as "primary" will be utilized. If you have a need for multiple fulfillment addresses (for multiple PO delivery addresses), please contact Purchasing Department for guidance. 	
Remittance PLEASE NOTE: If multiple remittance addresses are needed, please make sure to use separate and distinct addresses. DO NOT DUPLICATE Remittance Addresses.	

Fill in the following fields and click **Next**.

Address Details (Step	1 of 2) ?
What would you like to label this address? *	Remittance Example: Headquarters, Houston Office
Country *	United States
Address Line 1 *	1851 N Research Drive
Address Line 2	
Address Line 3	
City/Town *	Bowling Green
State/Province *	Ohio 🗸
Postal Code *	43403
Phone *	Example: 12345 4193728019 ext. International phone numbers must begin with +
Toll Free Phone	ext. International phone numbers must begin with +
Fax	International phone numbers must begin with +

For this screen you can either add a new contact or if the contact information is the same then click "Not Applicable" and then **Save Changes**.

Address	×
Primary Contact For This Address (Step 2 of 2)	?
You can also update and add Contacts later from the Contacts page.	
C Enter New Contact 💽 Not Applicable	
Click Save Changes to skip this step and Add Address.	

Once you have completed adding your addresses, click **Next**

Select "Add Address" below	w to begin.		
Aake sure to include ANY a	address that would need to receive correspond	lence or payment from BGSU.	
Required address types are	listed below:		
Main (Corporate) Fulfillment (PO deliv Remittance	ery)		
Address Label	Address Types	Address	
Physical	Physical (Primary) Fulfillment (Primary)	1851 N Research Drive Bowling Green, Ohio, 43403 United States	Edit 💌
Remittance	Remittance (Primary)	1851 N Research Drive Bowling Green, Ohio, 43403 United States	Edit 💌
Add Address			Show Inactive Address

Contacts

To add a contact, click Add Contact

A description of each contact label is provided to assist you with this section. Multiple contacts can be added.

Cor	ntacts		
Plea	ise enter contact information for key representatives that should be contacted for the upkeep of this information and any necessary busine	ess transact	ions.
Sele	ect "Add Contact" below to begin.		
Con	tacts should be labeled as follows (required contacts are labeled with a "*"):		
	Corporate ⁺ for owner and miscellaneous FUHIIment for D0 delivery PO failure if a PO delivery PO failure if a PO delivery Po failure if a PO delivery Safes for account management will help us ensure we are always contacting the correct individual.		
	equired information		
A	t least one contact is required to complete this section.		
No	contacts have been entered		
Ad	nd Contract		Hide
	(Previous	

Fill in contact information and click Save Changes.

Contact Label *	Remittance		
First Name *	Zelda		1
Last Name *	Doomsday		
Position Title			
Email *	kmarti+zeldadooms	day@bgsu.edu	
Phone *	4193728019	ext.	
	International phone nur	nbers must begin with +	
Mobile Number	International phone nur	nbers must begin with +	
Toll Free Phone		ext.	
	International phone nur	nbers must begin with +	
Fax		ext.	

Once all contacts have been added, click Next.

Contacts				
Please enter contact	information for key representatives that sh	nould be contacted for the upkeep	of this information and any necessary busine	ess transactions.
Select "Add Contact"	below to begin.			
Contacts should be la	abeled as follows (required contacts are la	beled with a "*"):		
 Remittance* f Sales for accord 	PO delivery should failure	dividual. Name	Email	
Remittance	~ ~	Name	Email	
ner interioe	Remittance (Primary)	Ziggler, Ziggy	kmarti+opera@bgsu.edu	Edit 💌

Payments

To add payment information, follow the instructions on this page and click **Add Payment Information** then select the Payment Method from the drop down.

Payment Information	No payment information has been entered.
Information on this page is used to determine how you want to receive payment. Select 'Add Payment Information' to begin. Multiple Payment Methods: You may add multiple payment methods, but each payment method will need to be tied back to a specific remittance address from the "Address" section. Make sure you have entered all necessary addresses in the "Address" section.	Add Payment Information Direct Deposit (ACH) Check
	For payment method type, uid you select ACI
Required Information At least one payment type is required to complete this section.	
No payment information has been ents	

Proceed to fill in the required fields with your information. Click **Save Changes**

Add Payment	Information *	Bank Account	
		Country *	United States 🗸
Only associated countries	are displayed.	Bank Name *	Fifth Third Bank
Payment Title *	ACH	Account Holder's Name *	Ziggy Zoombay
Country *	United States 🗸	Account Type *	Checking 🗸
Payment Type *	Direct Deposit (ACH)	Routing/Transit Number *	041200050 What is this?
Electronic Remittance Email *	kmarti+zeldadoomsday@bgsu.edu	Account Number *	FIFTH THIRD BANK
Currency *		Confirm Account Number *	123456
Active	USD V Ves O No	Address Line 1 *	1851 N Research Drive
		Address Line 2	
		Address Line 3	
		City/Town *	Bowling Green
		State/Province/Region *	Ohio 🗸
		Postal Code *	43403
			Example: 12345
		* Required to Complete Registra	ation Save Changes Close

If ACH was selected as a payment method select "Yes" and attach the appropriate documentation for bank validation. Otherwise, select "No". Click **Save Changes**

Information on this	page is used to determine how you want to receive payment.
Select "Add Paymen	nt Information" to begin.
Multiple Payment M	lethods:
	le payment methods, but each payment method will need to b essary addresses in the "Address" section.
Title 🗢	Payment Type
ACH	Direct Deposit (ACH)
Add Payment Inform	nation 👻
Additional Quest	ions
For payment method	d type, did you select ACH/Direct Deposit? *
Ves No	
For validation purp	oses, please attach one of the following:
 voided chec bank staten bank letter 	sk (preferred) nent (preferred)
Bank Validation *	
Bank validation	

Select file Drop file to attach, or browseDone Traffic_Stop_Uniform_Sup		
	< Previous	Next > Save Changes

Tax Information

To add a tax document, read the instructions on this page and click **Add Tax Document** and select **W-9** from the drop-down menu.

Tax Information	No tax information has been eptered
Tax information is used for payment and the tax document should be uploaded using a PDF format. Select 'Add Tax Document' to begin. After clicking 'Add Tax Document', you will be able to create and sign the tax document within the system or you have the choice of manually uploading an existing pdf copy. NOTE: To utilize the "Sign Document' functionality in Jaggaer, make sure your browser is allowing pop-ups. Once you allow popups, you may have to click "complete signing' to prompt the DocuSign screen to reload.	Add Tax Document W-9
Required Information At least one tax document is required to complete this section.	
No tax information has been enty ad	

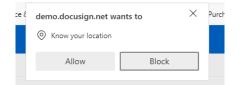
You have the option of either using DocuSign to sign a pre-filled W-9 or you can manually upload the document instead.

FIRST OPTION:

To use DocuSign, fill in the fields and click on **Sign Document.** On the next screen select **Complete Signing** from the drop down.

Tax Type* W-9 Tax Document Name* W-9 Tax Document Year 2024 V Signature Status Not Signed Tax Documentation Sign Document	Add Tax Docu	ment
Tax Document Year 2024 V Signature Status Not Signed Tax Documentation Sign Document	Tax Type *	W-9
Tax Document Year 2024 V Signature Status Not Signed Tax Documentation Sign Document		W-9
Signature Status Not Signed Tax Documentation Sign Document	Tax Document Year	
	Signature Status	
Manually unload a videoument instead	Tax Documentation	Sign Document
Manually upload the document instead		Manually upload to document instead

For the below pop up, you will need to click **Allow** to continue with signing the document.



Check the box to agree to the Terms and Conditions and then select **Continue**.



Click on Start

START	Docusign Envelope ID: 04790560	D-79E3-41A6-AC90-444F61C4D360	DEMONSTRATION DOCUMENT ON PROVIDED BY DOCUSIGN ONLINE 999 3rd Ave, Suite 1700 • Seattle • W	SIGNING SERVICE
	Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	Request for Ta Identification Number Go to www.irs.gov/FormW9 for instruction		Give form to the requester. Do not send to the IRS.
	Before you begin. For guid	lance related to the purpose of Form W-9, see Purpos	e of Form, below.	
	 Name of entity/india entity's name on lin 	vidual. An entry is required. (For a sole proprietor or disregard te 2.)	ed entity, enter the owner's name on line 1, and ente	r the business/disregarded
	Opera, Lola			

Click on the **Sign** icon and sign the document.

	Part II Certification
	Under penalties of perjury, I certify that:
	1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
	2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
	3. I am a U.S. citizen or other U.S. person (defined below); and
	The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
	Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real settle transactions, file 2 does not apply. For motgape interest paid, acquisition or abandomment of secured property, cancellation of debt, comtributions to an individual retirement arrangement (FA), and, generally, payments other than interest and dividegmeasument provinged to spin the certification, but you must provide your correct TIN. See the instructions for Part II. later.
SIGN	Sign Signature of U.S. person ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
	General Instructions New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indicate

Adopt Your Signature

Click Adopt and Sign

* Required	
Zelda Doomsday	
SELECT STYLE	DRAW UPLOAD
PREVIEW	
Signed by: Bulda 5AE07A29D	Doomsday ED

Click Finish

Ready to Finish?	FINISH
You've completed the required fields. Review your work, then select FINISH.	FINISH

SECOND OPTION:

To manually download the W-9, select the Manual Upload radio button and click on Select File.

Add Tax Document ×	Add Tax Document ×
Tax Type * W-9 Tax Document Name * Opera W-9 Tax Document Year * 2023 Signature Status Not Signed Tax Documentation * Sign Document Manually upload the document instead	Tax Type ★ W-9 Tat Document Name ★ W-9 Tat Document Year ★ 2023 → Signature Status Not Signed Tax Document Status Select file Drop file to attach, or browse. Download Pire populated Tax Document i Certify this tax document i Certify this tax document instead
* Required to Complete Registration Save Changes Close	* Required to Complete Registration Save Changes Close

Select and download the file.

Edit Tax Docu	iment *	c sting
Tax Type * Tax Document Name * Tax Document Year * Signature Status Tax Documentation *	V-9 Opera W-9 2023 ♥ Not Signed Select file Deep for to stack, or period for the stack, or	nplet
* Required to Complete Regis	tration Save Changes Close	ave

Check the "I certify this tax document" box to certify you are the one submitting the document.

Edit Tax Docu	iment	×	stin
Тах Туре *	W-9		nple
Tax Document Name *	Opera W-9		
Tax Document Year *	2023 🗸		
Signature Status	Not Signed		
Tax Documentation *	Select file Drop file to attach, or browse.	Done ⊙ 100%×	
	A Download Pre-populated Tax Document		
	I certify this tax document		
	Manually upload the document instead		
* Required to Complete Regist	tration Save Change	Close	ave

Enter your Full Name and click Save Changes.

Тах Туре 🕇	W-9	
Tax Document Name *	Opera W-9	
Tax Document Year *	2023 🗸	
Signature Status	Not Signed	
Tax Documentation *	Select file Drop file to attach, or browse.	Done ⊘
	esignature.zip	100%×
	Download Pre-populated Tax Document	
	Download Pre-populated Tax Document I certify this tax document	n.
ectronic System Submi	 I certify this tax document 	u.
lectronic System Submi nder penalties of perjury	I certify this tax document ssion	u
nder penalties of perjury I am the same per- this form as identi By submitting this	I certify this tax document sion , certify that: toor (or payee's agent) accessing the system an ted on this form. form electronically, I am offering my electronic inform offering my electronic signature is	d submitting signature as the
nder penalties of perjury I am the same per- this form as identi By submitting this payee identified or	I certify this tax document sion c certify that: son (or payeria agent) accessing the system an inde on this form. form electronically, I am offering my electronic this form and I agree my electronic signature is anual signature.	d submitting signature as the
nder penalties of perjury I am the same per- this form as identi By submitting this payee identified or equivalent of my n	I certify this tax document sion , certify that: toor (or payee's agent) accessing the system an ted on this form. form electronically, I am offering my electronic inform offering my electronic signature is	d submitting signature as the the legal

Make sure to answer the questions in the "Additional Question" section at the bottom of the screen. Click Save Changes and Next

Additional Questions	
Are you providing any of the below services? *	
BoyNet Borts Mente Mente Mente Mente Mente Mente Mente Mone of the above	
Reason for Invitation? * Product Only Service Odd Service Avent of Service Control Service Co	
	revious Next > Save Changes

<u>OPERS</u>

To sign the OPERS form, click on **Sign Document**

OPERS
NOTE: To utilize the 'Sign Document' functionality in Jaggaer, make sure your browser is allowing pop-ups. Once you allow popups, you may have to click 'complete signing' to prompt the DocuSign screen to reload.
OPERS Docusign * No Signed Document Sign Document

Click Continue



Click Start



Fill in all areas with red boxes.

	First Name	MI Last Name
N.	Zelda	Doomds ay
7	Zerua	boomdsay
	Date of Birth: Month Day Year	
	09/26/2024	
	STEP 2: Public Employer Information (To b	e completed by the Public Employer)
	Name of Public Employer for which individual is	
	Bowling Green State University	
	Employer Contact	Mi Last Name
	Employer Contact First Name	Mi Last Name
	Employer Contact	Mi Last Name Rhine
	Employer Contact First Name	

Click the Sign icon.

ignature	Sign ▲ Today's Date	9/26/2024	/
	Do not print or type name		

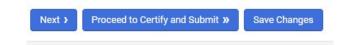
Sign the OPERS document and then click Finish.

Signature	Buda Doomsday exercisescent. Do not print or type name	Today's Date_	9/26//2024 /
Ready to I	Finish? d the required fields. Review your work, then select FINISH		FINISH

Answer the additional questions at the bottom and click **Save Changes** and **Next**.

OPERS	
NOTE: To utilize the "Sign Document" functionality in Jaggaer, make sure your browser is allowing pop-ups. Once yo signing' to prompt the DocuSign screen to reload.	u allow popups, you may have to click "complete
OPERS Docusign ★	
Are you currently receiving OPERS or other retirement system benefits? *	
Are you a retiree of BGSU? *	
★ Required to Complete Registration	Previous Next > Save Changes

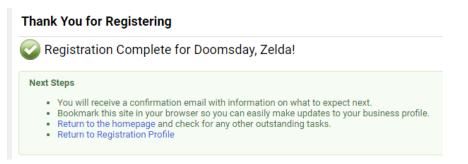
Click **Proceed to Certify and Submit** at the bottom of the page.



Click the box under Certification and click **Submit**.

Certify & Submit		?
	box below, acknowledging that all information is correct and complete. It is each individual's responsibility to ensure all information formation may result in payment delays.	
Additionally, by submitting thi you from doing business with	s registration, you certify all information provided is true and accurate. Knowingly providing false information may result in disqualifyin us.	9
Preparer's Initials *	ZD	
Preparer's Name *	Zelda Doomsday	
reparer's Email Address *	kmarti+zeldadoomsday@bgsu.edu	
oday's Date	9/26/2024	
	I certify that all information provided is true and accurate.	
Required to Complete Reg	stration	

This screen verifies that you have completed the registration and gives you the next steps.



You will then receive the below e-mail from <u>purchasing@bgsu.edu</u> stating that the registration has been completed.

RE: Zelda Doomsday has Completed Registration

Dear Kasha Donnelly,

Zelda Doomsday has completed their registration information. It will now go through the proper internal vetting process. No further action is needed by you at this point. You will receive an email when they have been approved for use in the system.

Thank You,

BGSU Purchasing

Support Team Contact Information:

+1 419-372-3308

FalconsPurch@bgsu.edu