

University of Iowa – Online Supplier Registration Instructions

Link to Online Application: [Online Supplier Registration Application](#)

Step 1 – Welcome.....	1
Step 2 – Identifying Information	2
Step 3 – Addresses.....	5
Step 4 – Contacts.....	6
Step 5 – Payment Information	8
Step 6 – Submit	10
Additional Notes.....	10

Introduction:

Thank you for your interest in doing business with the University of Iowa. This script will help you submit an online supplier registration request. Please be sure to read all the **Welcome** instructions as well as the instructions included on each page (step) of the registration. Should you have any questions or comments, please email the Supplier Relations team at purchasing-vendor@uiowa.edu.

NOTE: For registration we recommend that you use one of the following browsers: Google Chrome, Mozilla Firefox, Safari, and Microsoft Edge. **For security purposes, your registration must be completed within approximately 20 minutes, or you will timeout from the system and the registration must be entered again from the beginning.** To guard against this, we recommend that you use the **Save for Later** button available on each page to save your work periodically.

Step 1 – Welcome

The screenshot shows the Oracle Supplier Registration portal. At the top is the Oracle logo. Below it is a navigation bar with tabs for Welcome, Identifying Information, Addresses, Contacts, Payment Information, and Submit. The Welcome tab is active. Below the navigation bar, the page title is "Welcome - Step 1 of 6". The main content area contains several paragraphs of text explaining the registration process, including a warning about the 20-minute timeout and a recommendation to use the "Save for Later" button. There are also navigation buttons for "Exit", "Previous", and "Next". At the bottom, there is a section titled "Select an activity below:" with a list of options: "a. Start a new registration form" (which is selected), "What type of entity do you represent?" (with radio buttons for "Business" and "Individual"), and "Continue from where you left". A footer note indicates "* Required field".

- Select **Business** or **Individual**.
- Select the **Next** button to continue to **Step 2**.

Step 2 – Identifying Information

ORACLE

Please complete the information below.

Items with an asterisk (*) in front are required and must be accurately filled out to move to the next registration step.
Any additional information can be provided at the bottom of the page in the Comments field.

Welcome Identifying Information Addresses Contacts Payment Information Submit

Exit Save for Later Previous Next

Identifying Information - Step 2 of 6

The IRS requires that you provide information which will allow us to complete 1099 reporting. If a correct Taxpayer Identification Number and 1099 reporting address are not provided, payments may be subject to 31% withholding.

Unique ID & Company Profile

* Tax Identification Number **a.**

Legal Name **b.**

Legal Name Cont'd **b.**

http://URL **c.** [Open URL](#)

Profile Questions

What is your Business Name/disregarded entity name or doing business as (DBA) name, if different from Legal Name above? **d.**

* A completed signed and dated W-9 (USA), W-8BEN-E (Foreign Company), W-8BEN (Non-Resident), W-8EXP (Foreign Government), or W-8ECI (Foreign Persons) is required to proceed with the registration. US Citizen/Resident Honorary recipients submit completed, signed W-9 and documentation of event. [Add Attachment](#) **e.**

If needed, a W-9 form can be downloaded from the IRS website at the following link:
<http://www.irs.gov/pub/irs-pdf/w9.pdf>

Effective date (if applicable) **f.**

* Is your Tax Identification Number a Federal ID or SSN? If your firm has a Foreign TIN, please select Federal Employer Identification Number (FEIN) from the list. **g.**

(use magnifying glass to select response from list)


What is your DUNS number? **h.**


* How would you like to receive your purchase orders? (use magnifying glass to select response from list) **i.**

* Does your business accept Credit Cards without charging an additional processing/convenience fee? **j.**

- Enter the **Tax Identification Number (TIN)** for your firm, must be 9 digits.
- Enter the **Legal Name** of your firm or yourself (for an individual) as indicated on your W-9. If the whole name does not fit, use **Legal Name Cont'd** for the remainder breaking at the last space between words in **Legal Name**. As a note, all words are case sensitive.
- Enter **http://URL** if available. Do not enter http:// or https:// before the URL, the system will account for it (i.e. only enter www.uiowa.edu for the University of Iowa).
- If your firm has a **Business Name/Disregarded Entity Name or Doing Business As (DBA) Name** other than the **Legal Name** please enter it here, otherwise leave blank.

- e. Attach a completed **W-9 (USA), W-8BEN-E (Foreign Company), W-8BEN (Non-Resident), W-8EXP (Foreign Government) or W-8ECI (Foreign Persons)** for your firm by selecting the **Add Attachment** hyperlink, clicking **Upload** on the popup window, selecting the **Browse** button and highlighting the file name and clicking the **Open** button, then clicking the **Upload** button, entering an **Attachment Description** (optional), and finally selecting the **Return** button.
- f. If there is a specific **Effective Date** for the information included on the registration request enter it, otherwise leave blank.
- g. Select from the list of valid selections indicating if your **TIN** is a **Federal Employer Identification Number (FEIN)** or **Social Security Number (SSN)** by using the magnifying glass. (Question not included when **Individual** is selected in **Step 1.a.**)
- h. Enter the **DUNS number** for your firm, otherwise leave blank. Must be 9 digits if entered. (Question not included for Individuals)
- i. Select from list of valid options of **Email** or **Fax** by using the magnifying glass to identify how purchase orders should be sent.
- j. Select **Yes** or **No** depending on if your firm accepts credit cards using the down arrow.


* Is your primary place of operations outside the 

* Will the ENTIRE electronic payment(s) from the 
University of Iowa be transferred to a foreign bank account?

To comply with International ACH Transaction (IAT) rules, you must notify the University of Iowa if ACH-disbursed funds are being transferred from a United States financial institution to a financial institution in another country.


The particular rules are pursuant to requirements of the Office of Foreign Assets Control. In order for the University of Iowa to comply with the IAT rules and the applicable United States laws, you must answer the question above.

* Type of Organization (use magnifying glass to select all that apply from list) 


Type of Business (use magnifying glass to select all that apply from list) 

* Services you provide (use magnifying glass to select response from list) 


NOTE: For suppliers that manufacture and/or distribute products or equipment (including Medical/Dental devices and/or supplies), please choose option 13 "Do not provide these services..." from the list of possible responses.

Type of Operation including Minority and/or Disadvantaged Owned Concern* (use magnifying glass to select all that apply from list) 

* Minority and/or disadvantaged owned concerns must be 51% or more owned and managed by minority and/or disadvantaged persons.

If you selected Iowa Targeted Small Business  [Add Attachment](#)
from the previous list, please attach a copy of your certification by the Iowa Economic Development Authority (IEDA)/Iowa Department of Inspections & Appeals (DIA) as an Iowa Targeted Small Business.

- k. Select either **Yes** or **No** as appropriate indicating if your firm's principal place of operations is outside the USA.
- l. Select **Yes** or **No** depending on if your firm will transfer **entire payments** received from the University to a foreign bank account, this can be done using the down arrow.
- m. Select from list of valid options for **Type of Organization** by using the magnifying glass. **Type of Organization** is required, one or more options must be selected.
- n. Select from list of valid options for **Type of Business** by using the magnifying glass. One or more options may be selected. If information is not available or the list of options is not applicable, it can be left blank.
- o. Select from list of valid options for **Services you provide** by using the magnifying glass. One option must be selected.
- p. Select from list of valid options for **Type of Operation** by using the magnifying glass. One or more options may be selected, otherwise leave blank.
- q. If your firm is an Iowa Targeted Small Business, attach a copy of the certification by the IEDA/DIA by selecting the **Add Attachment** hyperlink, clicking **Upload** on the popup window, selecting the **Browse** button and highlighting the file name and clicking the **Open** button, then clicking the **Upload** button, entering an Attachment Description (optional), and finally selecting the **Return** button.

CONFLICT OF INTEREST POLICY (REQUIRED) 

The Board of Regents and the Iowa Code policies govern business transactions involving conflict of interest situations and relationships between employees and suppliers. The University of Iowa has established procedures in accordance with the Board of Regents and Iowa Code policies on conflict of interest for individuals participating in purchasing decision making. Please see www.uiowa.edu/ap-purchasing/col-purchasing for more information.


DEFINITIONS

Conflict of interest vendor / "employee" (state definition):


- * A paid employee (whether full-time, part-time, hourly, temporary, or student - including a graduate student on assistantship) of a Regent institution or the Board of Regents Office
- * A member of the Board of Regents, State of Iowa
- * Any firm of which any of the above referred persons is a partner or sole proprietor
- * An employee of another State of Iowa agency (Iowa Department of Transportation, Department of Administrative Services, Department of Human Services, etc.)
- * Any State of Iowa officials, members of the general assembly, or legislative employees


Conflict of interest vendor / "employee" (federal definition):

- * A paid employee (whether full-time, part-time, hourly, temporary, or student - including a graduate student on assistantship) of The University of Iowa
- * An officer or agent of the University, any member of his or her immediate family, or his or her partner
- * An organization which employs or is about to employ any of the parties indicated herein
- * Anyone who has a financial or other interest in or a tangible personal benefit from a firm selected for an award and/or contract


* Does any Officer, Director, Owner or Partner in this company have a relationship (as described in the DEFINITION above) with the University of Iowa or State of Iowa Regent Institution or any State of Iowa government department or agency? 


* State of Iowa Regent institutions includes:
University of Iowa, Iowa State University,
University of Northern Iowa, Iowa School for the Deaf, Iowa Braille and Sight Saving School, and
State Board of Regents


If yes, please state the NAME and RELATIONSHIP to the individual who works at the University of Iowa (or other individual as described in the DEFINITION above). 





* Does any Officer, Director, Owner or Partner in this company hold a position at any State of Iowa Regent institution or any State of Iowa government department or agency? 

* State of Iowa Regent institutions includes:
University of Iowa, Iowa State University,
University of Northern Iowa, Iowa School for the Deaf, Iowa Braille and Sight Saving School, and
State Board of Regents

If yes, please state the NAME and RELATIONSHIP to the individual who works at a State of Iowa Regent institution. 

Comments 



* Required field

- r. Please review the **Conflict of Interest Policy** to fully understand The University of Iowa's definition to accurately answer the next two questions
- s. After reading the **Conflict of Interest Policy** in full, select **Yes** or **No** using the down arrow to identify if your firm's Officer, Director, Owner or Partner holds a position with any State of Iowa Regent

institution and/or a State of Iowa government department or agency is a conflict of interest supplier.

- t. If **Yes** is selected in either “s” box, enter the **NAME and RELATIONSHIP of the individual(s)** with the defined conflict.
- u. Enter any additional **Comments**, including more information if line 8 for **Other** was selection from the options under **Type of Organization** (l) and/or if line 13 for **Do not provide these services** was selected from the options under **Services you provide** (n).
- v. Select the **Next** button to continue to **Step 3**.

Step 3 – Addresses

The screenshot shows the 'Step 3 - Addresses' form for The University of Iowa. The form is part of a multi-step process, with 'Addresses' being the third step. The navigation bar at the top includes 'Welcome', 'Identifying Information', 'Addresses' (current step), 'Contacts', 'Payment Information', and 'Submit'. Below the navigation bar, there are buttons for 'Exit', 'Save for Later', 'Previous', and 'Next'. The main heading is 'Addresses - Step 3 of 6'. The instructions state: 'Please enter the primary ordering address for your organization below. If the remit to or invoicing addresses are different, select the Remit Address or Invoice Address checkbox in the Other Addresses section below.' The 'Primary Address' section includes a dropdown for 'Country' (USA), and text input fields for 'Address 1', 'Address 2', 'Address 3', 'Address 4', 'City', 'County', 'State' (with a search icon), 'Postal', and 'Email ID'. The 'Other Addresses' section has checkboxes for 'Remit To Address' and 'Invoice Address', each with a description. At the bottom, there are buttons for 'Exit', 'Save for Later', 'Previous', and 'Next'.

- a. For **Primary Address** (the main address for your firm), enter **Address line 1**, **City**, **County**, **State**, and **Postal** are required. **Address lines 2, 3**, and **4** can be used if more space is needed than provided in **Address line 1**.
- b. **Email ID** is required if **Email** was selected to receive your purchase orders (Step 2, i.).

Other Addresses ?

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

c. ☒ Remit To Address
Address for remitting payment

* Country USA United States

Address 1

Address 2

Address 3

Address 4:

City

County Postal

State

Email ID

d. ☒ Invoice Address
Address from which you send invoice

* Country USA United States

Address 1

Address 2

Address 3

Address 4:

City

County Postal

State

Email ID

Exit Save for Later Previous Next

- c. If your firm has a separate **Remit to Address** (where payments should be sent to), check the box in **Other Addresses** and enter at a minimum **Address line 1, City, County, State, and Postal**. **Address lines 2, 3, and 4** as well as **Email ID** are optional.
- d. If your firm has a separate **Invoice Address** (where invoices will be sent from), check the box in **Other Addresses** and enter at a minimum **Address line 1, City, County, State, and Postal**. **Address lines 2, 3, and 4** as well as **Email ID** are optional.
- e. Select the **Next** button to continue to **Step 4**.

Step 4 – Contacts

ORACLE

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

Exit Save for Later Previous Next

Contacts - Step 4 of 6

Please enter the primary contact and secondary contact(s) for your organization. These individuals can be set up with user IDs for logging into eSupplier Connection.

Company Contacts ?

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

a. Add Contact

Exit Save for Later Previous Next

* Required field

- a. Click the **Add Contact** button.

- b. Enter the **First Name** of the contact. **NOTE:** At least one contact is required, and one contact must be identified as the **Primary Contact**. **Primary Contact** can be noted by selecting the checkbox.
- c. Enter the **Last Name** of the contact.
- d. Enter the **Title** of the contact.
- e. Enter the **Email ID** of the contact. This is the email address that login and other information will be sent to following approval.
- f. Enter the **Telephone** information of the contact.
- g. Enter the **Fax Number** of the contact. **Fax Number** is required for the **Primary Contact** if **Fax** was selected to receive your purchase orders (Step 2, i.).
- h. Select the most appropriate **Contact Type** from the list of available options by using the down arrow.
- i. Enter the contacts **Requested User ID**, this field is required. As shown on the page, an **ES-** will be added to the beginning of the **Requested User ID**. If there is another user with the same **User ID**, an error will be displayed, and the **Requested User ID** must be updated to one that is not already in use before you can proceed to the next step.
- j. Select the correct **Time Zone** for this contact using the down arrow.
- k. Click the **OK** button.
- l. If there are more contacts for your firm, select the **Add Contact** button (a.) until all contacts have been entered.
- m. Once the **OK** button is selected (m.), make sure **Designate Address** has the correct address identified for each contact entered. Available selections are **Primary Address**, **Remit Address** (if entered), and **Invoice Address** (if entered).
- n. Select the **Next** button to continue to **Step 5**.

Step 5 – Payment Information

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

Exit Save for Later | Previous Next

Payment Information - Step 5 of 6

All vendors are required to accept ACH payments which remains active until updated online. The University is not responsible for any delay, loss of funds or overdraft charges due to incorrect banking information supplied.

Payment Preferences ?

*Requested Payment Terms **a.**

*Invoice Address **b.**

*Remit Address **c.**

☐ Enable Email Payment Advice

Email Address **d.**

Payment Method **e.** Automated Clearing House

1099 Address (If different than Primary Address)

* Country USA United States

Address 1

f. Address 2

Address 3

Address 4:

City

County Postal

State

- Select the **Requested Payment Terms** by using the magnifying glass to see a list of available payment terms.
- Select the preferred **Invoice Address** from the list of available selections for your firm using the down arrow.
- Select the preferred **Remit Address** from the list of available selections for your firm using the down arrow.
- Select the **Enable Email Payment Advice** checkbox to receive payment advices by email for ACH payments. If checked, enter a valid **Email Address** to send the electronic advices to.
- If **Yes** was selected on the question about your firm's principal place of operations being outside the USA, you will be asked to select your **Payment Method**. Available selections are **ACH – Automated Clearing House** payment to your bank located in the USA, **CHK – Check** from our bank located in the USA, and **WIR – Wire** transfer.
- Enter the **1099 Address** if different than the **Primary Address** entered on the **Addresses** page (Step 3). If not entered, the **Primary Address** will be used. If entered, **Address line 1, City, County, State,** and **Postal Code** are required.

Supplier Banking Information ? **g.**

*Country USA United States

*Bank Name **h.**

Branch Name **i.**

Bank ID Qualifier 001 United States Bank Account Type Checking Account

*Bank Account Number **j.**

DFI Qualifier 01 Transit Number *Routing Number **k.**

Bank Address **l.**

*Country USA United States

*Address 1

Address 2

Address 3

Address 4:

*City

County *Postal

*State

Bank Phone

Prefix

Phone

Ext

Fax

Comments ?

Comments **m.**

URL Information ? **n.**

URLID	Description
1	

Exit Save for Later Previous **p.** Next

*Required Field

- g. For **Automated Clearing House** payments, complete the **Supplier Banking Information** section.
- h. Enter the **Bank Name** for the bank that should be used by the University for ACH payments.
- i. Enter the **Branch Name** (if applicable).
- j. Enter the **Bank Account Number** at the named bank that should be used by the University for ACH payments.
- k. Enter the **Routing Number** for the **Bank Name** (f.) which is associated with the **Bank Account Number** (h.) specified for ACH payments from the University.
- l. Enter the **Bank Address, Address line 1, City, County, State** and **Postal** are required. **Address lines 2, 3, and 4** can be used if needed.
- m. Enter **Bank Phone** information if available.
- n. Enter any additional **Comments** regarding the payment information entered in this step.
- o. Provide additional Web address and description if needed
- p. Select the **Next** button to continue to **Step 6**.

Step 6 – Submit

The screenshot shows the 'Submit' step of a registration process for The University of Iowa. At the top, a navigation bar includes links for Welcome, Identifying Information, Addresses, Contacts, Payment Information, and Submit (which is highlighted). Below the navigation bar, the page title is 'Submit - Step 6 of 6'. The main content area contains instructions to review registration information and the Terms of Service before submitting. It includes a text input field for an email address, followed by a checkbox to accept the Terms of Agreement. Below the checkbox is a link to the Terms of Agreement. At the bottom of the form are buttons for 'Review' and 'Submit'. Navigation buttons at the bottom of the page include 'Exit', 'Save for Later', 'Previous', and 'Next'.

- Confirm the **Email** address displayed is the correct email address to use when sending communications about this registration request.
- Check the box for **Click to accept the Terms of Agreement**.
- Select the **Terms of Agreement** hyperlink and review the **Terms of Agreement** prior to clicking the **Accept the Terms of Agreement below**. If needed, you can select use the **Print** hyperlink on the **Terms of Agreement** page to print a PDF copy for your records.
- If all information in the registration request is complete, select the **Submit** button. A box will be presented with the **Registration ID** for use if you need to contact the University about this registration. An email will also be sent to the email address provided including the same information.
- If needed, select the **Review** button to review all the information entered and return to specific sections to make updates.
- If there are any questions or comments about your registration, please email purchasing-vendor@uiowa.edu and include your **Registration ID**.

Additional Notes

- If you select the **Save for Later** button while working on the registration request, you will receive an email with instructions for returning to the registration request later to complete the registration

and submit it for review. The registration request will not be reviewed by the University until it has been completely submitted (**Step 6**).

- b. If the University has questions when reviewing your registration request, it may be returned to you for additional information. The notification email will include instructions for returning to the registration request and the University's specific questions and/or updates needed.
- c. If the registration request is not approved, you will receive an email communication with additional information.