



## Vendor Maintenance Request Form Job Aid

### Instructions for completing the Vendor Maintenance Request form (Cardinal AP-05)

#### **Overview**

Vendor additions and updates are made in Cardinal by submitting a properly completed Vendor Maintenance Request form (Cardinal AP-05) to the [CVG@doa.virginia.gov](mailto:CVG@doa.virginia.gov) mailbox in Outlook. Select individuals at each agency may request vendors to be added to or updated in the Cardinal Vendor Table. When adding an existing vendor record, only Fiscal (non-procurement) Vendors should be added online. Procurement vendors are added to Cardinal via the nightly eVA Vendor Upload interface. The following procedures provide detail for completing the Vendor Maintenance Request form.

#### **To Add or Change a Vendor Record**

- Prior to making a request to add a vendor, execute a search in Cardinal to determine if the vendor exists.
- If the vendor exists, and requires an update, document the Vendor ID and complete the Vendor Maintenance Request form, providing the data for all required fields that need updating.
- Make sure you have all required information and documentation for adding the vendor. Complete the Vendor Maintenance Request form, providing the data for all required information. Required information is identified by an asterisk (\*) on the form.
- Provide signature of the person at the agency who is authorized to approve vendor changes, and attach W-9 as required. Send the form and attachment(s) to the Commonwealth Vendor Group mailbox.

#### **To Inactivate a Vendor Record or Location**

- Complete the Vendor Maintenance form as required. If an existing **Vendor** record is being updated to inactive, specify Inactive for the Vendor Status. If an existing vendor **Location** is being updated to inactive, specify Inactive for the location Effective Status. Use the Comments box to designate the reason why the vendor record or location should be inactivated.

#### **Procurement Vendor updates**

- Vendors who have been added in Cardinal via the eVA Vendor Upload interface may require updates. Updates to these vendors should be made in eVA by a self-registered vendor or by an agency user with eVA state-entered vendor access.



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#### Requestor Identification (Required for all requests)

*Requested By:	<input type="text"/>	*Approval Signature:	<input type="text"/>
*Agency Number:	<input type="text"/>	*Phone:	<input type="text"/>
*Email:	<input type="text"/>	*Approval Name:	<input type="text"/>
		*Approval Date:	<input type="text"/>

- 1 Requested By** – The name of person requesting the new or updated vendor record. This person should enter their full name.
- 2 Agency Number** – The number of the agency making the request.
- 3 Phone** – The ten digit (area code included) phone number of the requestor.
- 4 Email** – The requestor’s email address (e.g. [John.Doe@agency.virginia.gov](mailto:John.Doe@agency.virginia.gov)).
- 5 Approval Signature** – The signature of the person at the agency who is authorized to approve vendor additions and/or updates. Only select individuals at each agency are authorized to approve and submit the Vendor Maintenance Request form on behalf of their agency
- 6 Approval Name** – The typed name of the person at the agency who is authorized to approve vendor additions and/or updates. Only select individuals at each agency are authorized to approve and submit the Vendor Maintenance Request form on behalf of their agency.
- 7 Approval Date** – The date the approver signs and submits the Vendor Maintenance Request form.

#### Process Classification

* Denotes Required Field	<input type="checkbox"/> Expedite	*Action Requested:	<input type="checkbox"/> Add New Vendor	<input type="checkbox"/> Update Existing Vendor
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- 8 Expedite** – If the request should be completed within one business day of receipt, select Expedite. Remaining requests will be completed within 3 business days. If this box is checked, an explanation must be included in the Comments section as to why Expedite is being specified as a requirement.

#### Action Requested (Select one of the following)

- 9 Add New Vendor** – Prior to requesting a vendor record be added, the Requestor should execute a search to ensure the vendor does not currently exist in Cardinal. If the record is not found, select this box.
- 10 Update Existing Vendor** – If a vendor record exists in Cardinal and an update is needed, select this box.



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#### Identifying Information

<b>Identifying Information:</b>	
Vendor ID: <input type="text"/> (*Required when Updating an Existing Vendor)	Corporate Vendor: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Vendor Name 1: <input type="text"/>	
Vendor Name 2: <input type="text"/>	
Vendor Short Name: <input type="text"/>	Corporate Vendor ID: <input type="text"/>
<i>Of Parent Company if applicable</i>	
Vendor Status - INACTIVE: <input type="checkbox"/>	(*Required when Updating an Existing Vendor to Inactive)

- 11 Vendor ID** – Required when updating an existing vendor, otherwise the field is left blank.
- 12 Corporate Vendor** – Optional and for informational purposes only. This designation is selected when the entity has a parent company that exists in Cardinal.
- 13 Vendor Name 1** – The legal name of the company, as filed with the IRS.
- 14 Vendor Name 2** – Optional and for informational purposes only. Used only if you need additional space for a secondary part of the vendor's name and is not used for any processing. It is not a payment alternate name (see Address section of instructions).
- 15 Vendor Short Name** – Assigned by the Commonwealth Vendor Group.
- 16 Corporate Vendor ID** – Optional. If the entity has indicated a parent company exists in Cardinal, enter the Vendor ID of the parent company.
- 17 Vendor Status** – Only required when updating an existing vendor to Inactive.



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#### Classification (Select appropriate designation)

*Classification:	<input type="checkbox"/> Board Member	<input type="checkbox"/> Non-Vendor Payee	*Persistence:	<input type="checkbox"/> One Time
	<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government		<input type="checkbox"/> Regular
	<input type="checkbox"/> Foreign Entity	<input type="checkbox"/> Supplier	*W-9 Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Local Government		*W-9 Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 18 Board Member** – A member of a state agency board.
- 19 Federal Government** - A United States government agency.
- 20 Foreign Entity** – An entity whose address is outside the 50 United States and US territories (Guam, Puerto Rico, US Virgin Islands, Northern Marianas, American Samoa).
- 21 Local Government** – A city, county, town, or other local government entity within the United States.
- 22 Non-Vendor Payee** – A non-procurement or fiscal vendor. Payment to this vendor may be one-time only.
- 23 State Government** –A state agency. They may be Virginia as well as any other United States state or territory.
- 24 Supplier** – Generally a vendor interfaced from eVA, rather than a fiscal vendor.
- 25 Persistence: One time** – Vendors that will only receive one payment (e.g. refunds). If this is selected, the vendor status will automatically change to Inactive after the voucher is saved.
- 26 Persistence: Regular** – Vendors that will be paid on an on-going basis.

**If you are adding a new vendor or updating required identifying information, check one of the following:**

- 27 W-9 Required: Yes** – Indicates a W-9 form is required.
- 28 W-9 Required: No** – Indicates the payee is considered exempt from receiving 1099 information returns or is not required to provide a TIN. Examples are government payees, right of way landowners, refund recipients. If this is selected, a valid reason should be provided in the Comments section.
- 29 W-9 Attached: Yes** – Indicates the vendor’s W-9 form is attached to the request form.
- 30 W-9 Attached: No** – Indicates a W-9 form is not attached to the request form. If this is selected, a valid reason should be provided in the Comments section.



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#### ID Type and Number and Type of Contractor

*ID Type and Number:		*Type of Contractor:	
<input type="checkbox"/> ATN: <input type="text"/>	<input type="checkbox"/> OTH: <input type="text"/>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> EIN: <input type="text"/>	<input type="checkbox"/> SSN: <input type="text"/>	<input type="checkbox"/> Estate	<input type="checkbox"/> Proprietorship
<input type="checkbox"/> ITN: <input type="text"/>	<input type="checkbox"/> W8: <input type="text"/>	<input type="checkbox"/> Government	<input type="checkbox"/> Reportable Corporation
		<input type="checkbox"/> Other	<input type="checkbox"/> Trust

- 31 ATN** - Adoption Taxpayer ID Number
- 32 EIN** – Employer Identification Number
- 33 ITN** – Individual Taxpayer Identification Number
- 34 OTH** – Other (when this type is used, the TIN value is blank)
- 35 SSN** – Social Security Number
- 36 W8** – Foreign Vendor Number
- 37 Corporation** – Vendor tax classification as indicated on the vendor’s W-9
- 38 Estate** – Entity represents a deceased taxpayer’s estate.
- 39 Government** – Government agency (e.g. federal, state, locality, US territory or foreign government).
- 40 Partnership** – Vendor tax classification as indicated on the vendor’s W-9.
- 41 Proprietorship** - Vendor tax classification as indicated on the vendor’s W-9.
- 42 Reportable Corporation** – Corporation that is reportable for 1099 purposes (i.e. medical, legal); also indicated on the vendor’s W-9.
- 43 Trust** - Vendor tax classification as indicated on the vendor’s W-9.
- 44 Other** – Indicated when none of the other categories are applicable, but explanation should be provided in the Comments section.



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#### Comments

Comments:	
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- 45 Comments** – Optional. Enter comments needed to clarify the request, for example: the reason for inactivating a vendor, the reason a W-9 is not required from a vendor, a vendor refuses and is not required to provide a TIN. The Comments box can also be used to designate why the vendor is considered a Fiscal Vendor.

#### Address

<b>Address:</b>	
Address ID: <input type="text"/> (*Required when Updating an Existing Vendor)	Effective Date: <input type="text"/>
Description: <input type="text"/>	*Effective Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive
*Address Type:	
<input type="checkbox"/> Main (default) <input type="checkbox"/> Remitting <input type="checkbox"/> Invoicing <input type="checkbox"/> Shipping <input type="checkbox"/> Ordering <input type="checkbox"/> Withholding	
Country: <input type="text"/> USA	
*Address Line 1: <input type="text"/>	*City: <input type="text"/>
Address Line 2: <input type="text"/>	County: <input type="text"/> (DUNS Number)
Address Line 3: <input type="text"/>	*State: <input type="text"/>
*Postal: <input type="text"/>	Email ID: <input type="text"/>
Phone Information:      Type:	
<input type="checkbox"/> Business #:	<input type="text"/>
<input type="checkbox"/> Cellular #:	<input type="text"/>
<input type="checkbox"/> FAX #:	<input type="text"/>
Payment Alternate Name:	Withholding Alternate Name:
Name 1: <input type="text"/>	Name 1: <input type="text"/>
Name 2: <input type="text"/>	Name 2: <input type="text"/>

Note: If there are multiple addresses for the vendor, provide additional as required.

- 46 Address ID** – Only required when requesting an update to an existing vendor address, otherwise it will be auto-assigned to an address being added.
- 47 Description** – Optional if you want to describe the address.
- 48 Effective Date** – Can be used to specify an effective date for the use of an address. If a date is not provided, the effective date will default to the day this change is entered into Cardinal.
- 49 Effective Status: Active** – Designates the default value checked for the vendor’s active address.
- 50 Effective Status: Inactive** – Checked to specify that this address should be made inactive.

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- 51 Address Type: Main** – Designates the address as the primary address for the vendor. If no other address type is indicated, this is defaulted as the address type in Cardinal. Check all applicable types.
- 52 Address Type: Remitting** – Designates the address used for payment remittance. Check all applicable types.
- 53 Address Type: Withholding** – Designates the address used for 1099 reporting to the vendor and to IRS. Note: Cardinal uses Address 1 to report income on 1099 forms. Check all applicable types.
- 54 Address Type: Invoicing** – Only applies to vendors interfaced from eVA and denotes the address from which the vendor sends invoices. Check all applicable types.
- 55 Address Type: Ordering** – Only applies to vendors interfaced from eVA and denotes the address to which purchase orders should be sent. Check all applicable types.
- 56 Address Type: Shipping** – Only applies to vendors interfaced from eVA and denotes the address from which the vendor ships items. Check all applicable types.
- 57 Country** – The country in which this address location exists.
- 58 Address Line 1** – The vendor's street address. If the vendor has a post office box or suite number, it is entered here.  
  
Note: For Remitting Address Type, address lines **cannot** contain both a post office box and street address.
- 59 Address Line 2** – Used only to specify additional address information. This can be used to designate information such as c/o John Doe or Attn: Jane Doe.
- 60 Address Line 3** –Used only to specify the VLIN (Virginia Location Identification Number).
- 61 Postal** – Indicates the 10-digit postal zip code.
- 62 City** – Used to indicate the city of the address location.
- 63 County** – Used to denote the vendor's DUNS Number (Dun & Bradstreet Number), when applicable.
- 64 State** – The 2-digit state abbreviation of the address location.
- 65 Email ID** – The vendor's email address (e.g. [vendor@abccompany.com](mailto:vendor@abccompany.com)).



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- 66 Phone Information** – Used to denote phone numbers for the specified address, by phone number type. More than one phone number can be provided.
  
- 67 Payment Alternate Name** – Optional. The name on the disbursement will always default to Vendor Name 1 (legal IRS name) unless a different name (business, trade, or “doing business as” (DBA) name is entered in the Payment Alternate Name 1. Name 2 is for informational purposes only.
  
- 68 Withholding Alternate Name** – Optional. Used to designate an alternate name to be used for the vendor’s 1099 reporting. Name 2 is for informational purposes only.



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#### Contact

<b>Contact:</b>	
Contact ID: <input type="text"/> (Sequence #)	Effective Date: <input type="text"/>
Description: <input type="text"/>	Effective Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive
Type:	
<input type="checkbox"/> AP	<input type="checkbox"/> Billing
<input type="checkbox"/> General	<input type="checkbox"/> Sales
<input type="checkbox"/> Service	<input type="checkbox"/> Warehousing/Shipping
Contact Name: <input type="text"/>	
Contact Title: <input type="text"/>	
Address ID: <input type="text"/> (Sequence #)	
Internet Address: <input type="text"/>	
Email ID: <input type="text"/>	
Phone Type (select one):	<input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> FAX
Phone Prefix: <input type="text"/>	Telephone: <input type="text"/> Extension: <input type="text"/>

**Note:** If there are multiple contacts for the vendor, provide additional contacts as required.

- 69 Contact ID** – This field only applies if the request is being made to update an existing vendor's contact information. Otherwise the value for this field will be auto-assigned for a new contact.
- 70 Effective Date** – This field can be used to specify an effective date for use of a contact. If a date is not provided, the effective date will default to the day this change is entered into Cardinal.
- 71 Description** – This field is optional and can be used to provide a description for the contact.
- 72 Effective Status: Active** – Designates the default value checked for the vendor's active contact.
- 73 Effective Status: Inactive** – Checked to specify that this contact should be made inactive.
- 74 Contact Type: AP** – This box designates the contact as an Accounts Payable representative. Check all applicable types.
- 75 Contact Type: Billing** – This box designates the contact as a Billing representative. Check all applicable types.
- 76 Contact Type: General** – This box designates the contact as one who can provide general information. Check all applicable types.
- 77 Contact Type: Sales** – This box designates the contact as one who can assist with sales. Check all applicable types.
- 78 Contact Type: Service** – This box designates the contact as one who can assist with service. Check all applicable types.

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- 79 Contact Type: Warehousing/Shipping** – This box designates the contact as one who can assist with warehouse and shipping concerns. Check all applicable types.
- 80 Contact Name:** Provide the contact's full name.
- 81 Contact Title:** Provide the contact's title, if available.
- 82 Address ID** – Provide the Address ID (sequence number) of the address the contact is associated with.
- 83 Internet Address** – Provide the vendor's internet address if available (e.g. [www.abcompany.com](http://www.abcompany.com)).
- 84 Email ID** - This field is used to provide an email address for the contact (e.g. [contact@abccompany.com](mailto:contact@abccompany.com)).
- 85 Phone Type** – Used to designate the type of phone number provided (e.g. business phone, cell phone, or FAX).
- 86 Phone Prefix, Telephone, Extension** – Used to provide the full number of the contact.



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#### Location

<b>Location:</b>	
Location: <input type="text"/> EX: Main (*Required when Updating an Existing Vendor)	Default: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description: <input type="text"/>	
Effective Date: <input type="text"/>	*Effective Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive
Payable Options - Invoicing	Payable Options - Remitting (*Required when Updating an Existing Vendor)
Vendor ID: <input type="text"/>	Vendor ID: <input type="text"/>
Address ID: <input type="text"/>	Address ID: <input type="text"/>
	Location ID: <input type="text"/>

Note: If there are multiple locations for the vendor, provide additional location information as required.

- 87 Location** – This field is required. This section stores default information and processing rules for the vendor. Typically there is one location for a vendor, unless additional locations are set up for an internal payment offset (lien/garnishment) or EDI banking information. **Main** should be the location identifier for most purposes.
- 88 Default** – Indicate if the location is the default location.
- 89 Description** – This field is optional but is used to provide a meaningful description of the location and aids users in selecting the appropriate location for their business process.
- 90 Effective Date** – This field can be used to specify an effective date for use of the location. If a date is not provided, the effective date will default to the day this change is entered into Cardinal.
- 91 Effective Status: Active** – Designates the default value checked for the vendor's active location.
- 92 Effective Status: Inactive** – Checked to specify that this location should be made inactive.
- 93 Payable Options – Invoicing** – Indicate the invoicing Address ID for this vendor's invoicing options.
- 94 Payable Options – Remitting** – Indicate the remitting Vendor ID, Address ID and Location ID for this vendor's remitting options.
- 95** Submit properly completed form via email to [CVG@doa.virginia.gov](mailto:CVG@doa.virginia.gov) or via fax to 804.414.9896.
- 96** If there are questions, email us at the above email address or call 804.692.0473.