

Instructions for the Vendor Maintenance Request form (Cardinal AP-SW-502)**Overview**

Vendor additions and updates are made in Cardinal by submitting a properly completed Vendor Maintenance Request form (Cardinal AP-SW-502) to the Commonwealth Vendor Group through DOA's Secure Forms Website. Select individuals at each agency may request vendors to be added to or updated in the Cardinal Vendor Table. Those individuals are identified when the Agency Fiscal Officer submits an *Agency Signature Authorization for Vendor Maintenance* form. When adding a new vendor record, only Fiscal Vendors should be added online. Vendors who need to be paid for a non-procurement-related event (i.e. refund) are referred to as Fiscal Vendors. Procurement vendors are added to Cardinal via the nightly eVA Vendor Upload interface. Procurement Vendors are defined as any individual, public body, or business that sells goods or services to the Commonwealth. 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.
- Submit the form to any agency personnel who is authorized to approve vendor changes, and attach a Commonwealth of Virginia Substitute W-9 as required.

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.


Vendor Withholding Information Updates

- Cardinal automatically determines whether a vendor is 1099-reportable when the vendor is created, based on the vendor classification and type. When the system determines that the vendor is 1099-reportable, the withholding class (reporting box on the IRS 1099) is defaulted to 'Non-employee Compensation'. If additional classes (for example, medical and legal payments) apply to the vendor, the vendor's withholding information must be updated manually by the CVG. The additional withholding classes should be requested in the Comments section of the form. For additional information regarding these updates, the agency 1099 Administrator should contact CVG.

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Procurement Vendor updates

- Procurement Vendors are defined as any individual, public body, or business that sells goods or services to the Commonwealth. Vendors are required to be in eVA even when the event is exempt from eVA regulations as defined in the Agency Procurement and Surplus Property Manual (APSPM). After determining the vendor is a Procurement Vendor, the vendor should be registered in eVA, either by self-registration or agency registration. Vendors can be registered by completing a paper registration form or on-line at www.eva.virginia.gov. Additional questions about the eVA registration process can be sent to eVACustomerCare@dgs.virginia.gov. Upon passing the required edits, the vendor is then added to Cardinal via the eVA Vendor Interface.
- 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 the eVA Customer Care Team.
- Vendors who need to be paid for something other than a procurement-related event (i.e. refund) are referred to as Fiscal Vendors. Those vendors are added by submitting a properly completed Vendor Maintenance Request Form.

Requestor Identification (Automatically Populated in DOA's Secure Forms Site When Completed)

 CARDINAL	Vendor Maintenance Request
<small>* Denotes a required field</small>	
<small>* Requested By:</small> _____	<small>* Approval Signature:</small> _____
<small>* Business Unit:</small> _____	<small>* Phone:</small> _____
<small>* Email:</small> _____	<small>* Approval Date:</small> _____
<small>Email 2:</small> <input type="text"/>	<small>additional email address to receive notifications about this form</small>

- 1 Requested By** – The name of person requesting the new or updated vendor record.
- 2 Business Unit** – The number of the agency making the request.
- 3 Email** – The requestor's email address (e.g. John.Doe@agency.virginia.gov).
- 4 Approval Signature** – The 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. These individuals are designated on the *Agency Signature Authorization for Vendor Maintenance* form. For internal control purposes, this person should be different than the requestor.



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- 5 Phone** – The ten digit (area code included) phone number of the requestor.
- 6 Approval Date** – The date the form is approved.

Process Classification

<input checked="" type="radio"/> Add New Vendor	<input type="radio"/> Update Existing Vendor	<input type="radio"/> Reactivate Existing Vendor	<input type="checkbox"/> Expedite
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- 7 Expedite** – If the request should be completed within one business day of receipt, select Expedite. Remaining requests will be completed within 5 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)

- 8 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.
- 9 Update Existing Vendor** – If a vendor record exists in Cardinal and an update is needed, select this box.
- 10 Reactivate Existing Vendor** – If a vendor needs to be reactivated for an additional payment.

Identifying Information

Identifying Information	
Vendor ID: _____	<small>*Required when updating an existing vendor.</small> Corporate Vendor: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Vendor Name 1: _____	
Vendor Name 2: _____	
Vendor Short Name: _____	Corporate Vendor ID: _____
<small>Of Parent Company if applicable</small>	
Vendor Status – INACTIVE: <input type="checkbox"/>	<small>*Required when updating an existing vendor to inactive.</small>

- 11 Vendor ID** – Required when updating an existing vendor, otherwise the field is left blank. Include all 10 digits.
- 12 Corporate Vendor** – Optional and for informational purposes only. This designation is selected when the entity has a parent company that exists in Cardinal.

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- 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). The Name in Vendor Name 2 prints on the 1099 form for reportable vendors.
- 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.

Classification (Select appropriate designation)

*Classification:	
<input type="checkbox"/> Board Member	<input type="checkbox"/> Non-Vendor Payee
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Foreign Entity	<input type="checkbox"/> Supplier
<input type="checkbox"/> Local Government	<input type="checkbox"/> HCM – choose one of the following:
	<input type="checkbox"/> Garnishment Payee
	<input type="checkbox"/> General Deduction
	<input type="checkbox"/> Tax Collector
	<input type="checkbox"/> General Provider

- 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.

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25 HCM – Human Capital Management.

- Garnishment Payee – Payroll Garnishments.
- General Deduction – Payroll General Deductions.
- Tax Collector – Payroll Tax Remittances.
- General Provider – Benefits.

26 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. If a subsequent voucher needs to be created for this vendor, the vendor status can be updated to Active and another payment can be issued.

27 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 all applicable boxes:

28 W-9 Required: Yes – Indicates a Commonwealth of Virginia Substitute W-9 form is required.

29 W-9 Required: No – W-9s are required for all vendors. There are some valid exceptions to this requirement and examples include government payees, right of way landowners, and refund recipients. If this is selected, a valid reason should be provided in the Comments section describing the due diligence that was performed to obtain the Commonwealth of Virginia Substitute W-9.

30 W-9 Attached: Yes – Indicates the vendor's Commonwealth of Virginia Substitute W-9 form is attached. If a current W-9 exists on the vendor's record and no information has changed, this does not need to be attached again and can be notated in the comments section.

31 W-9 Attached: No – Indicates a Commonwealth of Virginia Substitute W-9 form is not attached to the request form. If this is selected, a valid reason should be provided in the Comments section.

ID Type and Number and Type of Contractor

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

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

Comments

Comments:	
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- 46 Comments** – Required. Enter comments needed to clarify the request, for example: the reason for inactivating a vendor, the reason a Commonwealth of Virginia Substitute W-9 is not required from a vendor, a vendor refuses and is not required to provide a TIN or designate why the vendor is considered a Fiscal



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Vendor. The comments box can also be used to provide details on a LEVY that needs to be added.

Address

Address	
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Address ID: _____ *Required when updating an existing vendor. Effective Date: _____

Description: _____ *Effective Status: ☒ Active ☐ Inactive

Address Type: ☐ Mai ☐ Remitting ☐ Invoicing ☐ Shipping ☐ Ordering ☐ Withholding

Country: USA

*Address Line 1: _____ *City: _____

Address Line 2: _____ County: _____ (UEI Number)

eVA VLIN: _____ *State: _____

*Postal: _____ Email ID: _____

Phone Information: ☐ Business #: _____

☐ Cellular #: _____

☐ FAX #: _____

Payment Alternative Name: _____ Withholding Alternate Name: _____

Name 1: _____ Name 1: _____

Name 2: _____ Name 2: _____

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

47 Address ID –Only required when requesting an update to an existing vendor address, otherwise it will be auto-assigned for a new address.

Note: For address additions and updates, a copy of the vendor's invoice should be submitted as support of the update.

48 Description – Optional if you want to describe the address.

49 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.

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- 50 Effective Status: Active** – Designates the default value checked for the vendor's active address.
- 51 Effective Status: Inactive** – Checked to specify that this address should be made inactive.
- 52 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.
- 53 Address Type: Remitting** – Designates the address used for payment remittance. Check all applicable types.
- 54 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.
- 55 Address Type: Invoicing** – Only applies to vendors interfaced from eVA and denotes the address from which the vendor sends invoices. Check all applicable types.
- 56 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.
- 57 Address Type: Shipping** – Only applies to vendors interfaced from eVA and denotes the address from which the vendor ships items. Check all applicable types.
- 58 Country** – The country in which this address location exists.
- 59 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.
- 60 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.
- 61 Address Line 3** –Used only to specify the VLIN (Virginia Location Identification Number).
- 62 Postal** – Indicates the 10-digit postal zip code.
- 63 City** – Used to indicate the city of the address location.

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- 64 County** – Used to denote the vendor’s UEI Number (Unique Entity Identifier Number), when applicable.
- 65 State** – The 2-digit state abbreviation of the address location.
- 66 Email ID** – The vendor’s email address (e.g. vendor@abccompany.com).
- 67 Phone Information** – Used to denote phone numbers for the specified address, by phone number type. More than one phone number can be provided.
- 68 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.
- 69 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.

Contact

Contact:	
Contact ID: <input style="width: 400px;" type="text" value=""/>	(Sequence #) Effective Date: <input style="width: 150px;" type="text" value=""/>
Description: <input style="width: 400px;" type="text" value=""/>	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 style="width: 350px;" type="text" value=""/>	
Contact Title: <input style="width: 250px;" type="text" value=""/>	
Address ID: <input style="width: 180px;" type="text" value=""/>	(Sequence #)
Internet Address: <input style="width: 600px;" type="text" value=""/>	
Email ID: <input style="width: 350px;" type="text" value=""/>	
Phone Type (select one): <input type="checkbox"/> Business <input type="checkbox"/> Cellular <input type="checkbox"/> FAX	
Phone Prefix: <input style="width: 100px;" type="text" value=""/>	Telephone: <input style="width: 250px;" type="text" value=""/> Extension: <input style="width: 100px;" type="text" value=""/>

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

- 70 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.
- 71 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.
- 72 Description** – This field is optional and can be used to provide a description for the contact.
- 73 Effective Status: Active** – Designates the default value checked for the vendor’s active contact.

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- 74 Effective Status: Inactive** – Checked to specify that this contact should be made inactive.
- 75 Contact Type: AP** – This box designates the contact as an Accounts Payable representative. Check all applicable types.
- 76 Contact Type: Billing** – This box designates the contact as a Billing representative. Check all applicable types.
- 77 Contact Type: General** – This box designates the contact as one who can provide general information. Check all applicable types.
- 78 Contact Type: Sales** – This box designates the contact as one who can assist with sales. Check all applicable types.
- 79 Contact Type: Service** – This box designates the contact as one who can assist with service. Check all applicable types.
- 80 Contact Type: Warehousing/Shipping** – This box designates the contact as one who can assist with warehouse and shipping concerns. Check all applicable types.
- 81 Contact Name:** Provide the contact's full name.
- 82 Contact Title:** Provide the contact's title, if available.
- 83 Address ID** – Provide the Address ID (sequence number) of the address the contact is associated with.
- 84 Internet Address** – Provide the vendor's internet address if available (e.g. www.abcompany.com).
- 85 Email ID** - This field is used to provide an email address for the contact (e.g. contact@abccompany.com).
- 86 Phone Type** – Used to designate the type of phone number provided (e.g. business phone, cell phone, or FAX).
- 87 Phone Prefix, Telephone, Extension** – Used to provide the full number of the contact.

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Location

Location	
*Location: _____	EX: Main, *Required when updating an existing vendor. Default: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description: _____	
Effective Date: _____	*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: _____	Vendor ID: _____
Address ID: _____	Address ID: _____
	Location ID: _____

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

- 88 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 (levy/garnishment) or EDI banking information. **Main** should be the location identifier for most purposes. If a Levy location needs to be added to the vendor record this section needs to specify a description such as LEVY XXX (XXX = agency number)
- 89 Default** – Indicate if the location is the default location.
- 90 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.
- 91 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.

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- 92 Effective Status: Active** – Designates the default value checked for the vendor's active location.
- 93 Effective Status: Inactive** – Checked to specify that this location should be made inactive.
- 94 Payable Options – Invoicing** – Indicate the invoicing Address ID for this vendor's invoicing options.
- 95 Payable Options – Remitting** – Indicate the remitting Vendor ID, Address ID and Location ID for this vendor's remitting options.
- 96 Human Capital Management** – Payables/Procurement.

Location: Payables Option – Defaults (HCM Classification Only)			
*Payment Control:	Separate Payment (Garnishment Only)	*Pay Method Options:	Default from Higher Level
*Handling Options:	Specify at This Level	*Handling:	PY
Location: Procurement Option – Defaults (HCM Classification Only)			
*Payment Terms Option:	Specify	*Payment Terms ID:	00
*Payment Terms Basis Date Type:			
"Invoice Date"			

- 97** The following chart displays all defaulted payables and procurement options for HCM vendors.

Location: Payables Options	Payment Control: Separate Payment Option	Box checked for Garnishment Payees; not checked for all other HCM Class values
	Additional Payment Information: Pay Method Options	"Default from Higher Level"



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	Additional Payment Information: Handling Options	"Specify at This Level"
	Additional Payment Information: Handling	"PY"
Location: Procurement Options	Additional Procurement Options: Payment Terms Options	"Specify"
	Additional Procurement Options: Payment Terms ID	"00"
	Additional Procurement Options: Payment Terms Basis Date Type	"Invoice Date"

98 HCM Comments – Add any additional comments related to payables or procurement options here.

<p>HCM Comments:</p> <p>If applicable please indicate any additional payment information that is needed.</p>	
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99 Submit properly completed form through DOA's Secure Forms Website.

If there are questions, email us at CVG@doa.virginia.gov