

# Additional Vendor Setup

Data for PEF Schools

## Instructions for Area Staff

**Self-Reliance Manager:** Complete the attached "Vendor Setup and Change Form". Email this form along with the completed Vendor Setup form to your Area Operations Manager.

**Area Operations Manager:** Fill out the fields on this form (if applicable). Email the completed forms to your local Vendor Controller Review mailbox. Please copy [PEFPHL-edsupport@churchofjesuschrist.org](mailto:PEFPHL-edsupport@churchofjesuschrist.org) on the email.

## Instructions for Finance

**Global Service Center - Accounts Payable Vendor Team:** The following PEF required fields must be included in your CFIS Vendor Setup.

## Vendor Name

<b>Name</b>	
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## Vendor ID Information – To be input in the **Additional ID Numbers** Section

<b>Type (PEF School Vendor)</b>	PSV
<b>ID Number</b>	

## Internal Church Bank Information - To be input in the **Additional Payable Options** to indicate the disbursing Church bank. THIS IS **NOT** VENDOR BANK ACCOUNT INFORMATION

<b>Bank</b> (internal bank code e.g. WUBS, CBARG, etc.)	
<b>Account</b> (internal bank account code e.g. 0001)	

## Other Vendor Fields to Populate

<b>Subject Line Information</b> (e.g. School Tuition Payment)	
<b>Bank Address</b> (for Western Union vendors)	
<b>Additional E-mail address for notice of payments</b>	

**Separate Payments?** (Check this box if the vendor requires all payments to be received separately for each student)

**Vendor Setup and Change Form**

**Philippines Area**

Send a scan of the completed form with signed contract, sample copy of official receipt or invoice, and bank certification of existing account to the Church representative.

<b>Vendor Information</b> <input type="checkbox"/> New Vendor <input type="checkbox"/> Change to Existing Vendor <input type="checkbox"/> Employee or Volunteer			
Vendor's name		Tax ID number	
Street address (number, street, and apartment or suite number)		City	Postal Code    Country
Contact person's name	Area Code    Phone Number (    )	E-mail address to receive notice of payments	
Legal representative	Area Code    Phone Number (    )	E-mail address	
Description of goods or services provided		Payment terms	Currency

Please disclose relationships or other circumstances that might create a conflict of interest between Vendor and any affiliate of The Church of Jesus Christ of Latter-day Saints.

Select all that apply:

- I have been, or any member or representative of my company has been, an employee of the Church
- I am related to an employee or former employee of the Church

<i>Name of Employee</i>	<i>When</i>
_____	_____
_____	_____

Explanation:

<b>Payment Method</b> <input type="checkbox"/> Electronic Funds Transfer (preferred) <input type="checkbox"/> Check
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**Electronic Funds Transfer Agreement**

I request payment by electronic funds transfer (EFT) according to the following terms:

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|---|--|
| <ol style="list-style-type: none"> <li>1. Church will make EFT payments to the financial institution and account number I have provided below.</li> <li>2. I acknowledge that I must make changes in enrollment information in writing at least 14 days prior to the effective date.</li> <li>3. Payments will be considered made when my financial institution has received or has control of the payment (which may not coincide with posting to my account).</li> <li>4. Church can adjust future payments if (a) payments made previously are found to be duplicates, excessive, or in error or (b) there is any other basis for adjustment under an agreement of the parties.</li> </ol> | <ol style="list-style-type: none"> <li>5. Church is not responsible for any loss arising from error, mistake, or fraud in the information I provide or from a loss of data caused by the actions of another.</li> <li>6. Either party may terminate this agreement upon 14 days written notice.</li> <li>7. This agreement does not change the rights and obligations contained in any negotiated agreement. Such agreement prevails.</li> </ol> |
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Bank name	Branch Name	Name and address on bank account	
Routing number	Bank account number	Bank account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings/Other	

As an authorized vendor representative, I declare that the information provided in this form is correct and I agree to be bound by the terms and agreements included herein.

Vendor Signature	Printed name	Title	Date
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**Church Use Only** To be completed by the Church representative requesting vendor action

Withholding Tax Code:	Bank Handling Code	Bank Clearing Code
Name of requesting department, Mission, FM Group, etc.	Area <input type="checkbox"/> FM Group <input type="checkbox"/> Other Area <input type="checkbox"/> Mission    Department	

I declare that to the best of my knowledge, this vendor is needed and qualified, that the information provided is accurate, and that any relationships or other circumstances that might create a conflict of interest between Vendor and any affiliate of the Church have been disclosed and resolved.

Church representative signature	Printed name	Title	Date
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**Note:** To complete vendor setup or modification, send a scan of this completed form by e-mail to Global Service Center.