



The Commonwealth of Pennsylvania Department of General Services Bureau of Procurement

www.dgs.state.pa.us/procurement

# BEFORE YOU BEGIN THE REGISTRATION PROCESS

- PA Supplier Portal is only compatible with Microsoft Internet Explorer versions 8, 9, and 10. Please be aware that newer versions (such as 11), as well as other browsers including Mozilla Firefox, Google Chrome, Torch, and Apple Safari are <u>NOT</u> 100% compatible. Internet Explorer version 10 can be downloaded <u>here</u>. If you are unaware of what version of Internet Explorer you have, please press the "F1" key for help,
- Please have the following company info ready before beginning the registration process:
  - Your <u>Employer Identification Number (EIN) OR</u> Social Security Number (SSN)
  - Your company's current bank data
  - The complete legal name of your business

# How to Register as a Procurement Supplier

Registering as a Procurement SupplierStep 1 – Vendor IdentificationStep 2 – Vendor DetailsStep 3 – Submit Registration FormStep 4 – Create User ID

#### **Registering as a Procurement Supplier**

Go to the **PA Supplier Portal** to complete the four-step supplier registration process.

- 1. Open your web browser and enter www.pasupplierportal.state.pa.us.
- 2. Select the **Supplier Registration** link to begin.

| 🖉 PA Supplier Portal Home - (                     | Commonwealth of Pa - Windows Internet          | Explorer  |           |
|---|--|---|-----------|
| 🔆 🗢 📼 https://www.pas                             | upplierportal.state.pa.us/irj/portal/anonymous | 💌 🔒 🅢 🔀 Live Search   | P -       |
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| 27 PA Supplier Portal Home - Commo                | nwealth of Pa                                  | 🦄 🔹 🔝 👘 💌 Page 🗸 Safety 🕶 Tools   | • @• *    |
| pennsylvania 🕅                                    |  | Search: Q 🗸   | Log on    |
| Supplier  |  |   |           |
| Supplier Registration                             |  |   |           |
|   | Supplier > Supplier Registration > PA Supplier | r Portal Home Fu  | Il Screen |
| PA Supplier Portal Home                           |  |   |           |
| Supplier Registration     Supplier Service Center |  | Welcome to the Pennsylvania Supplier Portal   |           |
| Supplier Service Center                           |  | IMPORTANT SYSTEM NOTICE TO SUPPLIERS  |           |
|   |  | The Commonwealth is upgrading its Supplier Relationship<br>Management (SRM) procurement system on October 29, 2013. This<br>upgrade is occurring to take advantage of new functionalities and d | ain       |

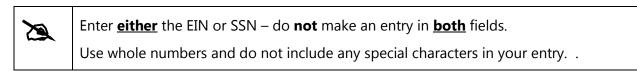
The vendor registration wizard displays. It will assist you with the completion of your registration. Help is available on each page within the *Instructions* area of the wizard.

| Vendor Registration, Commonwealth of Pennsylvania.  |              |
|---|--------------|
| Image: Non-State     Image: Non-State       Vendor Identification     Vendor Details       Submit Registration Form     Create User ID  |              |
| Instructions  |              |
| Welcome! Thank you for taking the time to register as a Procurement Vendor with the Commonwealth of Pennsylvania. To begin the process, enter your Employer Identification Number (EIN) or your Social Security Number (SSN), then select the | Next button. |
| Vendor Identification   |              |
| Employer Identification Number: OR Social Security Number:  |              |
| Next  |              |

| 🖉 Search/S  | ubmit a Bio        | d - SAP NetWo   | eaver Portal - W | /indows Internet | Explorer                        |               |       |
|-------------|--------------------|-----------------|------------------|------------------|---------------------------------|---------------|-------|
| <b>GO</b> • | 💇 https:/          | //www.pasupplie | rportal.state 💌  | 🔒 🗟 🐓            | 🗙 ಶ Live Search                 |               |       |
| File Edit   | View               | Favorites T     | ools Help        |                  |                                 |               |       |
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| Getting H   | •                  |                 |                  |                  |                                 |               |       |
|             | •                  | ce any di       | fficulty du      | ring the Si      | upplier Registr                 | ration proces | ss, p |
| lf you ex   | perienc            |                 |                  | 0                |                                 | •             | •     |
| lf you ex   | oerienc<br>our Sup | oplier Ser      | vice Cente       | 0                | upplier Registr<br>435-7363 and | •             | •     |

#### Step 1 – Vendor Identification

1. Enter the Employer Identification Number (EIN) or Social Security Number (SSN) for your business.



| Ver             | ndor Registration,           | Commonwealt         | n of Pennsylvania.   |  |              |
|-----------------|------------------------------|---------------------|--|--|--------------|
| I <b>&gt;</b> - | 1<br>Vendor Identification   | 2<br>Vendor Details | 3<br>Submit Registration Form  | Create User ID   |              |
| Ins             | tructions                    |                     |  |  |              |
|                 |                              |                     | Procurement Vendor with the Com<br>(EIN) or your Social Security Numbe | monwealth of Pennsylvania. To begin<br>er (SSN), then select the | Next button. |
| Ve              | ndor Identification          |                     |  |  |              |
| Emp             | loyer Identification Number: | 25 37<br>OR         |  |  |              |
|                 | Social Security Number:      |                     |  |  |              |
| Ne              | xt                           |                     |  |  |              |

2. Select the **Next** button.

Upon entry of an unregistered EIN or SSN, you will proceed to Step 2 where you will provide details about your company.

| à | If you are already a registered vendor, you will be asked to enter your assigned Vendor Number in order to access your company's profile.  |  |  |  |  |
|---|--|--|--|--|--|
|   | <ul> <li>If you do not know your Vendor Number, please contact our Supplier<br/>Service Center at (877) 435-7363 and choose option 1 or email: <u>ra-</u><br/><u>pscsrmportal@pa.gov</u>.</li> </ul> |  |  |  |  |
|   | the process, enter your Employer Identification Number (EIN) or your Social Security Number (SSN),<br>Vendor Identification  |  |  |  |  |
|   | Employer Identification Number: 25<br>OR<br>Social Security Number:  |  |  |  |  |
|   | Vendor exists in the system. Please enter Vendor number<br>Vendor Number:  |  |  |  |  |

## Step 2 – Vendor Details

1. Enter the Employer Identification Number (EIN) or Social Security Number (SSN) for your business.

| Vendor Registration, Commonwealth   | of Pennsylvania.   |   |
|---|--|---|
| Vendor Identification Vendor Details  | Submit Registration Form Create User ID                      |   |
| Instructions  |  |   |
| Complete the registration form below and select the Nex<br>Important: Fields with a * indicate that an entry is require |  |   |
| Vendor Identification   |  | - |
| Employer Identification Number (EIN): 20  | Social Security Number (SSN):                                |   |
| Address Data  |  | - |
| Disregarded Entity:   | ⊖Yes ⊙No   |   |
| Legal Name: *<br>Name of the Company (if different than Legal Name):  |  |   |
| Name of Person Creating Registration: *   | This text will appear on the W-9 Form                        |   |
| Business Type: *  |  |   |
|   |  |   |
| E-Mail Address: *   |  |   |
| Telephone: *  | Extension:   |   |
| Fax:  | Extension:   |   |
| Street Number and Name:   | If PO Box is used then Street Number and Name cannot be used |   |

| à | There are 11 fields in Step 2 which are required to be completed, as noted with a red asterisk (*): |
|---|---|
|   | – Legal Name  |
|   | <ul> <li>Name of Person Creating the Registration</li> </ul>  |
|   | – Type of Business  |
|   | – Email Address   |
|   | – Telephone   |
|   | <ul> <li>Street Number and Name (or PO Box)</li> </ul>  |
|   | <ul> <li>City, State, and Zip Code</li> </ul>   |
|   | – County  |
|   | – Country   |

For demonstration purposes, an example of a completed form is shown below.

| Address Data  |                            |   |
|---|----------------------------|---|
| Disregarded Entity:                                     | ⊖Yes ⊙No                   |   |
| Legal Name: *   | Kan Commercial Floors Inc  |   |
| Name of the Company (if different than Legal Name):     |                            |   |
| Name of Person Creating Registration: $^{st}$           | Angela Eshleman            | This text will appear on the W-9 Form                         |
| Business Type: *  | Individual/Sole proprietor |   |
|   |                            |   |
| E-Mail Address: *                                       | AESHLEMAN@PA.GOV           |   |
| Telephone: *  | 717-234-1212               | Extension:  |
| Fax:  | 717-234-1213               | Extension:  |
| Street Number and Name:                                 | 555 Walnut Street          | If PO Box is used then Street Number and Name cannot be used  |
| Street 2 (apt. or suite no., room no., floor no. etc.): | 7th Floor                  |   |
| City: *   | Harrisburg                 | County: * DAUPHIN   |
| State: *  | Pennsylvania 💌             | Zip: * 17101  |
| Country: *  | USA 🔻                      |   |
| PO BOX:   |                            | If Street Number and Name are used then PO Box cannot be used |
| PO Box Country:   | USA 🔻                      |   |

The lower portion of the form contains areas to select your product category for delivery, and to confirm the Data Privacy Statement.

- 3. Select the checkbox next to the type(s) of product categories your company can deliver.
- 4. Carefully read the *Data Privacy Statement*; select the checkbox if you accept the terms.
- 5. Select the **Next** button to continue.

| olate.   | Pennsylvania  | Z10.  | 17101  |
|--|---|---|--|
| State.   | - onnoymania  | Σφ.   |  |
| Country: *   | USA 💌   |   |  |
| PO BOX:  |   | If Street Number an   | nd Name are used then PO Box cannot be used      |
| PO Box Country:  | USA 💌   |   |  |
| Which Product Categories can you Deliver?  |   |   | <b>—</b>   |
| At least one product category must be selected   |   |   |  |
| Select the language in which you want to send the que  | stionnaires: * English 💌  |   |  |
| BUILDING & CONSTRUCT VIC   | ES  |   |  |
|  |   |   |  |
| Data Privacy Statement   |   |   |  |
| Data Privacy Statement Terms must be accepted before   | e being able to move to the next pa                                   | ge  |  |
| DISCLAIMER: Registering as a Commonwealth SRM ven<br>Commonwealth of Pennsylvania. Further, registering do<br>Commonwealth of Pennsylvania. Registering as a Comm<br>industry in Pennsylvania. Your business would need to | es not guarantee that your busine<br>non wealth SRM vendor should not | ss or organization will receive any financial assistance<br>be construed as applying for any necessary license to | including state or federal grant monies from the |
| DATA PRIVACY: Information provided through the PA V<br>Commonwealth agency. Information is retained in accor   |   |   |  |
| CERTIFICATION: By submitting information through the P<br>of the information submitted is true and correct to the bu<br>18 Pa.C.S. § 4904 (relating to unsworn falsification to a  | est of your knowledge, information                                    |   |  |
| Yes, I have read the data privacy statement and acc<br>Back Next   | cept the terms.   |   |  |

| Z |   | •••  |                     |                           | ited States Postal Service<br>d option which verifies: |  |  |  |
|---|---|--|---------------------|---------------------------|--|--|--|--|
|   |   | – The ex                                   | kistence of the a   | ddress                    |  |  |  |  |
|   |   | <ul> <li>The +4 in the zip code</li> </ul> |                     |                           |  |  |  |  |
|   |   | The '                                      |                     | -                         |  |  |  |  |
|   |   |  |                     | opriate button wh         | en presented with the Address                          |  |  |  |
|   | ١ | <i>Validation</i> p                        | rompt.              |                           |  |  |  |  |
|   | I | Address Valid                              | ation               |                           |  |  |  |  |
|   |   | Please rev                                 | iew Address val     | idation results           |  |  |  |  |
|   |   | Address                                    | Original Address    | USPS Validated Address    |  |  |  |  |
|   |   | Apt./Suite                                 | 7TH FLOOR           | FL 7                      |  |  |  |  |
|   |   | Street/PO Box                              | 555 WALNUT STREET   | 555 WALNUT ST             |  |  |  |  |
|   |   | City                                       | HARRISBURG          | HARRISBURG                |  |  |  |  |
|   |   | State                                      | PA                  | PA                        |  |  |  |  |
|   |   | Zip5                                       | 17101               | 17101                     |  |  |  |  |
|   |   | Zip4                                       |                     | 1947                      |  |  |  |  |
|   |   |  |                     |                           |  |  |  |  |
|   |   |  |                     |                           |  |  |  |  |
|   |   |  |                     |                           |  |  |  |  |
|   |   |  |                     |                           |  |  |  |  |
|   |   |  | Use Entered Address | Use USPS Validated Addres | Change Entered Address                                 |  |  |  |

#### Step 3 – Submit Registration Form

The completed W-9 Form is displayed for Verification and Electronic Signature. It contains the information entered during Steps 1 and 2.

- 1. Carefully review the information on the W-9 Form.
- 2. If the information is not correct, select the **Back** button and revise the information.

| Vendor Registration, Commonwealth of Pennsylvania   |   |  |  |  |
|---|---|--|--|--|
| 1     2     3     4       Vendor Identification     Vendor Details     Submit Registration Form     Create User ID  |   |  |  |  |
| Instructions  |   |  |  |  |
| Carefully review the information on the W9 Form. If the information is correct, select the <b>checkbox</b> below to confirm your electronic signature on the W-9 form. The If the information is not correct, select the <b>Back</b> button and revise the information.   | nen select the Submit W9 and Create                       |  |  |  |
| Submit Registration form  |   |  |  |  |
| By checking this box, I am digitally signing this document. I agree to the terms stated in this document and further certify that checking this Submit W9 and Create User D         Back         Image: Submit W9 and Create User D         Back         Image: Submit W9 and Create User D         Back         Image: Submit W9 and Create User D         Image: Submit W9 and Create User D </td <td>box counts as an electronic signatu</td> | box counts as an electronic signatu                       |  |  |  |
| Form<br>(Rev. December 2011)<br>Department of the Treasury<br>Internal Revence Service<br>Name (as shown on your income tax return)   | Give Form to the<br>requester. Do not<br>send to the IRS. |  |  |  |
| King Commercial Floors Inc<br>Business name/disregarded entity name, if different from above<br>Check appropriate box for federal tax classification:   |   |  |  |  |
| Check appropriate box for federal tax classification:   |   |  |  |  |

3. If the information is correct, select the checkbox to confirm your electronic signature.

| Submit Registration f            | form  | action this has counte as an electronic cigrature   |
|----------------------------------|---|---|
| Submit W9 and Create I           |   | lecking this box counts as an electronic signature  |
| 🖶 🗎 🄬                            | • 🚱 🛧 👆 1 / 4 💿 🖲 188% • 🖬 🔂 🖉 🖉 Sign • Find •  |   |
| <ul> <li>●</li> <li>●</li> </ul> | Form W-9<br>(Rev. December 2011)<br>Department of the Treasury<br>Internal Revenue Service<br>Identification Number and Certification   | Give Form to the requester. Do not send to the IRS. |
| <b>1</b>                         | Name (as shown on your income tax return)         Kim Commercial Floors Inc         Business name/disregarded entity name, if different from above         Cited appropriate box for federal tax classification:         Individual/sole proprietor       C Corporation         P Composition |   |

4. Select the **Submit W-9 and Create User ID** button. (Please do NOT select the button multiple times.)

| Submit Registration form  Submit Registration form  Submit Registration form  By checking this box, I am digitally signing this document. I agree to the terms stated in this document and further certify that checking this box counts as an electronic signature  Submit W9 and Create User D Back |   |                       |   |  |
|---|---|-----------------------|---|--|
|   | • 🚳 🛧 👆 🚺 / 4 💿 🖲 88% • 拱 🛃 🥒 Su  | n • Find •            |   |  |
|   | Form W-9 Request for Taxp<br>(Rev. December 2011)<br>Department of the Treasury<br>Internal Revenue Service   | Cortification         | Give Form to the<br>requester. Do not<br>send to the IRS. |  |
| 17/2  | Name (as shown on your income tax return) Ki Commercial Floors Inc Business name/disregarded entity name, if different from above Check appropriate how for federal tax classification: |                       |   |  |
|   | - One of appropriate box for redefan tax diabalioatori.   | ership 🔲 Trust/estate |   |  |

The supplier registration system contains a validation with the IRS which verifies the EIN/SSN and supplier name.

- When the match is verified you will move to Step 4

Please allow adequate time for the system to establish a vendor number for your business.

#### Step 4 – Create User ID

A

Upon advancement to Step 4, you will receive the unique vendor number established for your business. Retain the vendor number for your records.

| Vendor Registration, Commonwealth of Pennsylvania.   |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| Vendor Identification Vendor Details Submit Registration Form Create User ID   |  |  |  |  |
| Instructions   |  |  |  |  |
| Your vendor number 000033 61 was successfully created.   |  |  |  |  |
| Complete the form below to create a User ID so that you may conduct business electronically with the Commonwealth of Pennsylvania; then select the Create User ID button.<br>Important: Passwords require a minimum of 7 Characters, 1 Special Character (such as a @ or #), 1 uppercase letter, 1 lowercase letter, and 1 number. |  |  |  |  |
| Create User ID   |  |  |  |  |
| User Name: ** Password: * Confirm Password: * Title: * First Name: * Last Name: * Email: * Phone: *  |  |  |  |  |
| Create User ID   |  |  |  |  |

1. Complete the form to create your company's login credentials.

#### 2. Select the **Create User ID** button.

Passwords require a minimum of 7 characters; containing 1 special character (i.e., @ or #), 1 uppercase letter, 1 lowercase letter, and 1 number.

| Create User ID      |         |  |
|---------------------|---------|--|
| User Name: *        |         |  |
| Password: *         |         |  |
| Confirm Password: * |         |  |
| Title: *            | <b></b> |  |
| First Name: *       |         |  |
| Last Name: *        |         |  |
| Email: *            |         |  |
| Phone: *            |         |  |
| Create User ID      |         |  |

For demonstration purposes, an example of a completed form is shown below.

| Create User ID      |                  |  |  |
|---------------------|------------------|--|--|
|                     |                  |  |  |
| User Name: *        | K                |  |  |
| Password: *         | •••••            |  |  |
| Confirm Password: * | •••••            |  |  |
| Title: *            | Ms. 💌            |  |  |
| First Name: *       | Angela           |  |  |
| Last Name: *        | Eshleman         |  |  |
| Email: *            | aeshleman@pa.gov |  |  |
| Phone: *            | 717-234-1212     |  |  |

A message is displayed confirming the registration and creation of a User ID. For demonstration purposes, an example is shown below.

Congratulations! "K an Commercial Floors Inc" has successfully registered as a Procurement Vendor with the Commonwealth of Pennsylvania. Your vendor number is 00003: 61 and User ID is K AN. You should receive a confirmation email within the next half hour. Please do not attempt to log into the PA Supplier Portal until you have received the confirmation email. If you do not receive the confirmation email within 8 hours, please contact the Commonwealth of PA by phone at 877-435-7363, select Option 1 or email at: email: <u>ra-pscsrmportal@pa.gov</u>. Now that you are registered with the PA Supplier Portal, you will receive a confirmation via e-mail. After receiving this e-mail, please return to <u>http://www.pasupplierportal.state.pa.us</u> to complete the following:

#### • Enter Bank Data

This section can be found under the "Manage Company Data" tab on the left navigation pane, and will enable your company to receive payments via ACH. *If your address for payments is different than the default address registered, add your remittance address under "Maintain Addresses".* 

#### • Register for E-Alerts

This valuable feature will enable you to subscribe to all upcoming solicitations applicable to your company. For more information on E-Alerts or to register online, please visit <u>http://www.dgsweb.state.pa.us/EAlerts/</u>.

For more information about Registering as a Supplier, please contact:

#### Customer Support Center (877) 435-7363, Option #1

Department of General Services Bureau of Procurement 555 Walnut Street, 6th Floor Harrisburg, PA 17101

www.dgs.state.pa.us/procurement

### Mike Richart Deputy Secretary, Procurement

Sheri Phillips Secretary, Department of General Services

> Tom Corbett Governor