

## Doing Business with the Association of American Medical Colleges (AAMC)

To become an AAMC Supplier, you need to complete and submit the following registration form.

### Instructions

- (1) Complete all sections of this New Supplier Registration Request Form;
- (2) Sign the acknowledgments;
- (3) Provide a properly executed IRS W9 Form;
- (4) Provide a canceled check for EFT enrollment, an official letter executed on letterhead from your financial institution, any other required supporting documentation; and
- (5) Return the completed Supplier Registration Package to Central Procurement Office (CPO) via email or address below:

<b>Via Mail to</b>	Association of American Medical Colleges Attn.: AAMC CPO – Supplier Information Form 655 K Street, N.W. Suite 400 Washington, District of Columbia 20001-2399 Contracts@aamc.org
<b>Email to</b>	
If you have questions, contact our Central Procurement Office (CPO) at (202) 828-0400.	

SECTION I – SUPPLIER INFORMATION	
<b>Supplier Name</b> <i>(As it appears on your IRS W9 Form)</i>	
<b>Doing Business As (DBA) Name</b> <i>(If different than your listed W9 Supplier Name)</i>	
<b>D&amp;B Number</b> <i>(If available)</i>	
<b>Primary Point of Contact (POC) Information</b>	
Name	
Telephone Number	
E-Mail Address	
<b>Purchase Order POC Information</b>	
Name	
Telephone Number	
E-Mail Address	
<b>Primary Mailing Address</b>	
Street Address – Line 1	
Street Address – Line 2	
City	

State	
Zip Code	
Country	
<b>Remit to Address</b>	
Street Address – Line 1	
Street Address – Line 2	
City	
State	
Zip Code	
Country	

### Recognized Small, Minority, Disadvantaged Business Entity Designation

African American	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Veteran Owned	<input type="checkbox"/>	Other <i>(Describe Below)</i>	<input type="checkbox"/>
Woman Owned	<input type="checkbox"/>	Disabled Veteran	<input type="checkbox"/>	Small & Local Business	<input type="checkbox"/>		
<b>Name of Certifying Organization</b>							
<b>Certification Number</b>							

### SECTION II – ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

*To authorize the AAMC to deposit your payments directly into your banking account, please complete and sign this form. Payments will be made in accordance with the payment terms agreed to in the Purchase Order and/or Invoice presented for payment.*

<b>Supplier Name</b> <i>(As it appears on your IRS W9 Form)</i>	
<b>Supplier Tax ID or Social Security Number</b> <i>(As it appears on your IRS W9 Form)</i>	
<b>Remit-To Contact Information</b> <i>(Accounts Receivable)</i>	



# Supplier Information Form

Contact Name	
Telephone Number	
E-Mail Address <i>(For purposes of sending EFT Confirmations)</i>	
<u>Procurement Contact Information</u> (Account Management)	
<u>Contact Name and Title</u>	
<u>Telephone Number</u>	
<u>E-mail Address</u>	
<b>Note:</b> An e-mail, confirming each deposit, including the invoice details (i.e., invoice numbers and amounts) that are paid by this deposit will be sent to this Remit-To e-mail address.	
<b>Name of Financial Institution</b>	

## SECTION II – ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

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<b>Account Name</b>				
<b>Account Type</b>	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>
<b>ABA Routing Number</b>				
<b>Account Number</b>				

By providing the EFT information above, Supplier authorizes the AAMC, and the financial institution listed above, to deposit all payments due directly to the account named above, provided that such payments are in accordance with the agreed upon payment terms. This authority will remain in effect until the Supplier notifies the AAMC in writing of its cancellation. If the financial institution information changes, Supplier agrees to promptly submit to the AAMC an updated EFT enrollment authorization.

### EFT Enrollment Authorization Documentation

In order the AAMC to complete your EFT Enrollment request, a document validating your payment account is required. Any one of the following is an acceptable form of supporting documentation:

- A voided check.  
**(Attachment Required Upon Submission)**
- An official letter executed on letterhead from your financial institution.  
**(Attachment Required Upon Submission)**

**Important Note:** Be sure to attach and return, along with this Supplier Registration Form, the required supporting EFT documentation listed above.

### Supplier Portal

The Workday Supplier Portal is a self-service tool that will allow suppliers to directly access their information during the “procure-to-pay” lifecycle. The Supplier Portal is accessed via a secured website and includes the following functionality: viewing purchase orders, viewing invoice status, and maintaining supplier master data such as contact information, addresses, and bank accounts.

### Access Service

To gain access to the Supplier portal, please fill out the [Supplier Portal Registration Form](#) and send to [Contracts@aamc.org](mailto:Contracts@aamc.org) with “Supplier Portal Registration Form” in the subject line of the email.

## SECTION III – SUPPLIER GOODS & SERVICES CLASSIFICATION

The list below consists of the AAMC's Supplier Classification Codes (SCC), which represents the commodity types, categories and descriptions of the goods and services that we purchase on a regular basis. As a Supplier, please indicate any and all types of goods and/or services your company is capable of supplying to the AAMC.

Commodity Type	Category Title	Brief Category Description	Check All That Apply
Goods	Creative Support	Gifts and Entertainment	
		Creative Services	
		Promotional Items	
		Subscriptions/Publications	
	Furniture & Tools	General Equipment-Equipment, General Equipment-Furniture	
		Other Equipment Rentals	
		Electrical Equipment and Supplies, A/V Equipment Rentals Booth Rentals	
	Real Estate & Facilities		
	Office Supplies	Supplies, General	
	Other Deposits	Other Deposits	
	Other Miscellaneous	Miscellaneous Products and Constituent Catering	
	Telephony Products	Cellular Phone and Data Charges	
		Long Distance and Teleconferencing	

	Postage and Shipping	Postage and Shipping, Postage Meter Deposits	
<b>Information Technology</b>	Computer Hardware	Computer Hardware-Infrastructure	
		Computer Hardware-Workstation, IT Hardware Maintenance, IT Hosted Infrastructure	
	Computer Software	Software-License, Software-Maintenance, Software-Subscription, Software Development	
	Computer Other	Miscellaneous Other Hardware/Software	
<b>Services</b>	Creative Services	Bookbinding, Repairing Services	
		Photography, Videography	
		Advertising, Printing	
	Other Services	Recruitment Fair Expenses	
		Storage, Sub-Recipient Payments	
		Other Meeting Expenses, Other Miscellaneous Services Expenses	
	Real Estate & Facilities	Building Repairs and Maintenance Services	
		Room Rentals	
		Water Electric and Other Utilities	
		<i>Equipment Repairs and Maintenance</i>	
		Lease Expenses	
	Contingent Labor	Staff Augmentation Services	
	Educational & Training Services	Cash Awards, Contributions, Honoraria, In House- Staff Training, Membership and Dues	
	Data Processing, Computer, Programming & Software	Data Acquisition, cable Services	
	Consulting Services	Contracted Services-Other Non-Labor, Contracted Services-Professional Services, Consulting Fees, Speaker Fees	
	Financial Services	Accountants Fees, Financial Services	
	Insurance & Insurance Services	Insurance and Insurance Services	
Legal	Legal Expenses, Legal Fees, Legal Fees-3 <sup>rd</sup> Party		
Travel	Travel-Consultant/Speaker Miscellaneous		

## SECTION IV – ACKNOWLEDGEMENTS

By checking the following boxes, Supplier acknowledges and accepts, that:

	The AAMC’s acceptance and approval of this Supplier Information Form <u>does not</u> guarantee any AAMC business.
	The information provided in this Supplier Information Form, as well as the accompanying supporting materials submitted to the AAMC, is both accurate and complete.
	By signing below, the undersigned represents and warrants that s/he has the legal power, right and actual authority to sign this Supplier Information Form, and therefore the EFT enrollment authorization, on behalf of the Supplier.

## SECTION V – AUTHORIZATION

Submitter’s Name			
Supplier Name			
Job Title			
Telephone Number			
E-Mail Address			
Signature		Submission Date	