



ONE-STOP FINANCIAL SERVICES Payee Data Form Workflow Guide

STEP 1: PARTICIPANT 1/DEPARTMENT

Click continue to initiate the form. Complete the top required section of the form. Click Next. Click to sign the form, enter your name, and click apply. Enter your email address and click to sign.

PAYEE DATA RECORD
 (REQUIRED WHEN RECEIVING PAYMENT FROM CAL STATE LA AND AFFILIATED AUXILIARIES, REQUIRED IN LIEU OF STD 204 OR IRS W-9)
 ONE-STOP FINANCIAL SERVICES | 5151 State University Drive, SSB 2380 | Los Angeles, CA 90032 | T - (323) 343-5430
 TStopFinancial@calstatela.edu

Request Type: New Modify
 Request for: Campus Auxiliary
 GIA: Yes No

For OSFS Use Only | Supplier ID:

1 PAYEE TYPE (select one) SUPPLIER EMPLOYEE STUDENT GOVERNMENT

Payee Name: _____ Email: _____
 DBA or Sole Proprietor Owner's Full Name (Last, First, MI): _____ Phone: _____ Extension: _____ Company Web Address: _____
 Mailing Address (Street No. or PO Box No.): _____ Remit-to Address: _____
 City, State, ZIP Code: _____ Remit-to City, State, ZIP Code: _____

2 Are you a current or former Cal State University/Auxiliary Employee? YES NO

Type of Business: Service Commodities No. of Years in Business: _____

Type of Service/Commodity: _____

Form of Payment Accepted: ACH/EFT CREDIT CARD

PLEASE CHECK ALL APPLICABLE

Equipment/Supplies Rent Royalties
 Other Services/Non-Med Reimbursement
 Medical Services Attorney Fees
 Equipment/Medical Supplies Legal Settlement

Request For: Campus or Auxiliary: (Is Supplier doing business with the Campus or an Auxiliary?)
GIA: Grant in Aid (Athletics Use Only)

STEP 2:

Participant 1 will be prompted to enter the name and email address of Participant 2/Payee. Click to sign.

Assign to next participants [X]

To complete the form please enter the information for the next participant. They will receive an email to complete this form.

* Participant 2 [^]

First name: [Enter first name] Last name: [Enter last name]
 Email address: [Enter email address] Confirm email address: [Enter email address]

+ Add Message

[Cancel] [Click to sign]

STEP 3:

Participant 1 must verify their email address before the system notifies Participant 2. Check your campus email from Adobe Sign and confirm your email address.

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "CSULA Payee Data Record Form" until you've confirmed.



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Please confirm your signature on CSULA Payee Data Record Form

AS Adobe Sign <adobesign@adobesign.com>
To

Reply Reply All Forward

If there are problems with how this message is displayed, click here to view it in a web browser.



One-Stop Financial Services



Thank you for signing CSULA Payee Data Record Form. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#)

After you confirm your signature and other form participants have fulfilled their roles, all parties will receive a completed copy of CSULA Payee Data Record Form as a PDF.

Thanks for using One-Stop Financial Services. To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

STEP 4: PARTICIPANT 2/PAYEE

An email is sent from One-Stop Financial Services to Participant 2 to click, review, and sign the form.

One-Stop Financial Services Has Sent You CSULA Payee Data Record Form to Sign

OF One-Stop Financial Services <adobesign@adobesign.com>
To

Reply Reply All Forward

If there are problems with how this message is displayed, click here to view it in a web browser.



One-Stop Financial Services



One-Stop Financial Services requests your signature on
CSULA Payee Data Record Form

[Review and sign](#)

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STEP 5:

Click continue and complete the sections with the form's required and optional fields based on the selected payee type. Click Next. Click to sign the form, enter your name, and click apply. Click Next. Enter your email address and Click to Sign.

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Payee Name: * Email: *
DBA or Sole Proprietor Owner's Full Name (Last, First, MI): Phone: Extension: Company Web Address:
Mailing Address (Street No. or PO Box No.): * Remit-to Address:
City, State, ZIP Code: * Remit-to City, State, ZIP Code: *

2 Are you a current or former Cal State University/Auxiliary Employee? YES NO

Type of Business: Service Commodities No. of Years in Business:
Type of Service/Commodity:
Form of Payment Accepted: ACH/EFT CREDIT CARD

3 SUPPLIER ENTITY TYPE (select one)

MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)
 EXEMPT (Non-profit) Please attach a copy of 501C and California form 590
 ALL OTHER CORPORATIONS
 LIMITED LIABILITY COMPANY * S, P
* Type C for C Corporation, S for S Corporation or P for Partnership

PARTNERSHIP
 ESTATE OR TRUST
 INDIVIDUAL/SOLE PROPRIETOR OR SINGLE-MEMBER LLC

CA Certified Small Business
 CA Certified Small Business Public Works
 CA Certified Micro Business
 CA Certified Disabled Vet Business Enterprise

Certification #: _____
Begin Date: _____
End Date: _____

TAX PAYER IDENTIFICATION NUMBER - Required by Revenue Code 18646

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

Continue

6 I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT. IF MY RESIDENCY STATUS SHOULD CHANGE, I WILL PROMPTLY INFORM YOU.

Authorized Payee Representative's Name: * Title: * Telephone Number: * Extension: *
Signature: * Click here to sign Date: 09/27/2023 Email Address: *
PURPOSE: Information contained in this form will be used by Cal State LA to prepare Information Returns (Form 1099) and for withholding on payments to nonresident suppliers. Prompt return of this fully completed form will prevent delays when processing payments. Rev. Aug 2023



Type your signature here

Close Apply



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Please note: Do not complete the Payee Data Form if you are not the Authorized Payee Signer. To route the form to the Authorized Payee Signer, select Options on the left side, then select "Delegate signing to another."

Options

- Read agreement
- Delegate signing to another
- Decline to sign
- Clear document data
- View history
- Download PDF
- Legal Notices

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	Civ. State, ZIP Code: *	Remit-to City, State, ZIP Code:		

STEP 6: PARTICIPANT 3/ONE-STOP FINANCIAL SERVICES

An email is sent to One-Stop Financial Services to review and sign the form. OSFS Staff will review the payee data form, validate, and enter the information received in the PeopleSoft Common Financials System. OSFS will create the Supplier ID, sign, and finalize the form. An email of the completed form will be sent to all signers on the form.

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