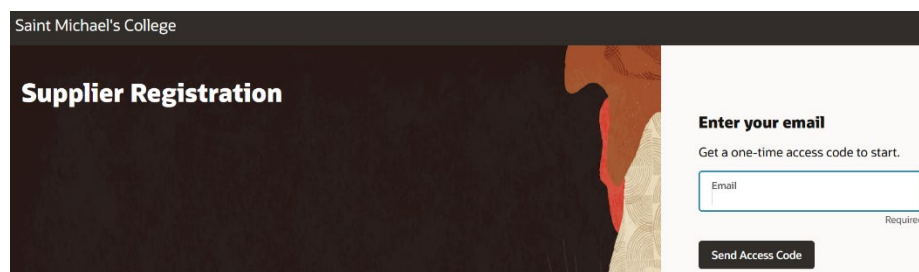


## Payee Self-Registration – Student Instructions

Saint Michael's College will provide you a link to self-registration.



Saint Michael's College

### Supplier Registration

**Enter your email**  
Get a one-time access code to start.

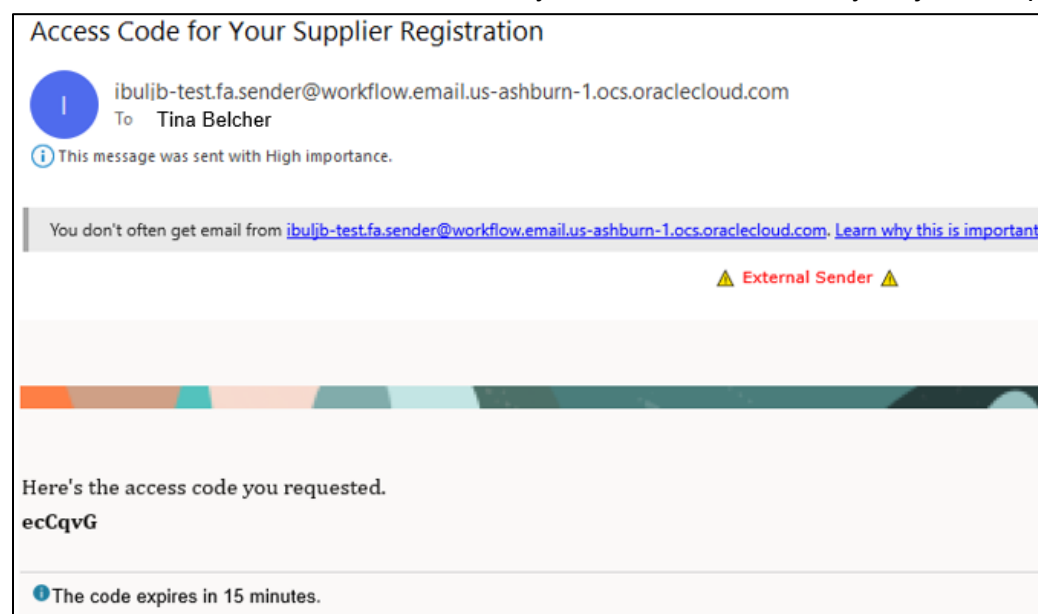
Email

Required


**Send Access Code**


Enter your **personal** email address. Do **not** use your @smcvt.edu address.

You will receive an email from Oracle. If you do not see it, check your junk or spam folder.





**Access Code for Your Supplier Registration**


 **ibulib-test.fa.sender@workflow.email.us-ashburn-1.ocs.oraclecloud.com**  
To **Tina Belcher**

 This message was sent with High importance.

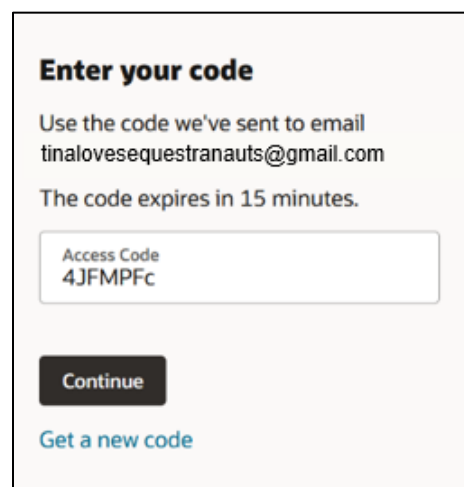
You don't often get email from [ibulib-test.fa.sender@workflow.email.us-ashburn-1.ocs.oraclecloud.com](mailto:ibulib-test.fa.sender@workflow.email.us-ashburn-1.ocs.oraclecloud.com). [Learn why this is important](#)

 **External Sender** 

Here's the access code you requested.  
**ecCqvG**

 The code expires in 15 minutes.

Enter the access code you received in your email. Click "Continue."



**Enter your code**

Use the code we've sent to email [tinalovesequestranaunts@gmail.com](mailto:tinalovesequestranaunts@gmail.com)

The code expires in 15 minutes.

Access Code  
**4JFMPFc**

**Continue**

[Get a new code](#)

## PAGE 1: COMPANY DETAILS:

Enter your name in the "Company" field using the format: **Last Name, First Name**. For example, if your name is John Smith, input it as **Smith, John**.

Supplier Registration

### Company Details

For individuals, please enter your name as Last Name, First Name.

When entering your taxpayer ID, please remove all dashes and spaces.

Company  
Belcher, Tina

Website

Country  
United States

Taxpayer ID  
123456789

Organization Type  
Individual

Supplier Type  
Student

Note to Approver  
I am receiving a stipend for an internship program.

Input the country in which you hold residency by typing in the first few letters. Highlight and click enter on the country in the dropdown box.

Under the following fields enter:

- Taxpayer ID: Social Security Number
- Organization Tye: Individual
- Supplier Type: Student
- Note to Approver: The reason you are registering today.

Country  
United States

United States

United States Minor Outlying Islands

If you have any documentation Saint Michael's asked you to upload in the system, you can do so here. Please be advised that a W-9 form is required if you are providing services to the college.

Attach tax, insurance, and other relevant documents

Drag and Drop  
Select or drop files here.

URL
Add URL

No items to display.

Please be advised that a W-9 form is required under the following circumstances:

1. When you are a U.S.-based entity (individual or company) providing services.
2. Before any payment is issued to you, we need a completed W-9 to verify your taxpayeridentification number (TIN) for tax reporting purposes.

If not, scroll down and choose "Continue."

Cancel
Save
Continue

## PAGE 2: CONTACTS

Complete the following fields:

- First Name
- Last Name
- Email (do **not** use your @Saint Michael's.edu address)
- Country
- Mobile

Supplier Registration

Contacts

**Contact 1**  
Enter contact details. Registration communications will be sent to this contact.

First Name  
Tina

Last Name  
Belcher

Email  
tinalovesequestranauts@gmail.com

Job Title

Country  
US

Mobile  
+1 732 555 1234

Country  
US

Phone  
+1

Ext

Country  
US

Fax  
+1

Ignore everything below the phone number fields.

Does this contact need a user account?  
User accounts will provide online access to supplier transactions and self-service tasks.

☒ Yes ☐ No

What user roles does this contact need?  
Assign at least 1 user role to specify the responsibilities of the contact.

☒ **Supplier Self Service Administrator**  
Manages the profile information for the supplier company. Primary tasks include updating supplier profile information and requesting user access to grant employees access to the supplier application.

☐ **Supplier Sales Representative**  
Manages agreements and deliverables for the supplier company. Primary tasks include acknowledging or requesting changes to agreements in addition to adding catalog line items with customer specific

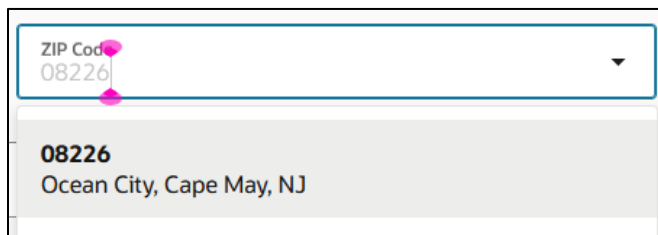
Click "Continue."

Cancel
Save
Continue

## PAGE 3: ADDRESS

Complete the following fields:

- Address Name (enter the name of the city your address is in and “-1” at the end)
- Country/Region
- Address 1
- Address 2 (if applicable)
- City
- State
- Zip Code
- County



ZIP Code  
08226

08226  
Ocean City, Cape May, NJ

For easier entry enter your Zip Code first. The City, State, and County will auto-complete.

Click both “Receive Purchase Orders” and “Receive Payments.”

Supplier Registration

### Addresses

Enter at least one address.

Address 1

Address Name  
Ocean City -1

What's this address used for? Select at least 1 purpose.

☒ Receive Purchase Orders ☒ Receive Payments ☐ Bid on RFQs

Country/Region  
United States

Address Line 1  
5 Ocean Ave

Address Line 2

City  
Ocean City

State  
New Jersey

ZIP Code  
08226

County  
Cape May

Email

Country  
US

Phone  
+1

Ext

Country  
US

Fax  
+1

What's this address used for? Select at least 1 purpose.

☒ Receive Purchase Orders ☒ Receive Payments ☐ Bid on RFQs

Click “Continue.”

Cancel

Save

Continue

## PAGE 4: BUSINESS CLASSIFICATIONS

Ignore this page. Do not complete.

Supplier Registration

Business Classification

Select a classification or contact the vendor for more information.

Classification ▼

Click "Continue."

Cancel

Save

Continue

## PAGE 5: BANK ACCOUNTS

Direct Deposit (ACH/Electronic) is the preferred method of payment of Saint Michael's College. If you would like to be paid via direct deposit, complete the following fields. Otherwise ignore and click "Continue."

- Country (only banks in the United States can accept payments in the system).
- Routing Number
- Bank
- Bank Branch
- Account Number
- Currency
- Account Type

For easier entry enter Bank Branch first. Type in the name of your bank and choose the correct routing number.

The routing number and Bank name will autofill upon selection.

Bank Branch  
Wells Fargo Bank, N.A.

Wells Fargo Bank, N.A.

101089292 - Wells Fargo Bank, N.A.

011100106 - Wells Fargo Bank, N.A.

064003768 - Wells Fargo Bank, N.A.

051400549 - Wells Fargo Bank, N.A.

124103799 - Wells Fargo Bank, N.A.

053000219 - Wells Fargo Bank, N.A.

031000503 - Wells Fargo Bank, N.A.

### **Important Note:**

Your account number is not the number on your debit card. You can find your account number on your monthly statements or your online/mobile banking page.

Supplier Registration

Bank Accounts

Bank account 1

Country  
United States

Routing Number  
121042882

Bank  
Wells Fargo Bank, N.A.

Bank Branch  
Wells Fargo Bank, N.A.

Account Number  
9849528677

Currency  
US Dollar

Account Type  
Checking

Click "Continue."

Cancel

Save

Continue

## PAGE 6: PRODUCTS AND SERVICES

Ignore this page and click “Submit.”

Supplier Registration

Products and Services

Q Search by category or description

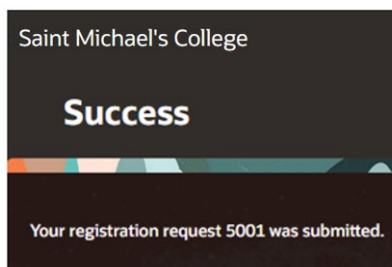
Category	Description
No data to display.	

Click “Submit”

Last updated 11 seconds ago

Cancel Save **Submit**

When submitted the following message will appear:



You will know when your registration has been approved when you receive an email from Oracle.

