

ACCOUNTING BULLETIN

TO: Fiscal Officers of All State Agencies
FROM: Steven L. Valasek, Director of State Accounting
DATE: January 8, 2010
SUBJECT: Revised NVEN Screen
NUMBER: 153

The Illinois Office of the Comptroller (IOC) is implementing a revised NVEN screen in SAMS. The revised screen will be put in production on January 15, 2010. This change was made to streamline the certification process for new non-business vendors with a Social Security Number (SSN).

REVISED NVEN SCREEN

The revised NVEN screen will now restrict entry to only new non-business vendors using a SSN. The following is a screen print of the revised NVEN screen.

ACTION: A SCREEN: NVEN 1/15/10 02:48:27 PM

NEW VENDOR ENTRY
(INDIVIDUALS ONLY-MUST USE SSN)

VENDOR = 123456789 LAST NAME Smith
FIRST NAME, MI, SUFFIX John K Jr

REVISED NVEN SCREEN INSTRUCTIONS

The SSN should be entered in the “VENDOR” field. This field has 9 bytes, all numeric. The only valid characters are 0 – 9. All other characters are invalid and will cause an error condition on NVEN. An error condition will also occur if the user enters less than 9 digits.

The “LAST NAME” field is limited to 17 bytes and must contain only the last name. The only valid characters are A-Z and hyphens. All other characters are invalid and will cause an error condition on NVEN. If a person has two last names, enter the last name as it is represented on the W-9 (i.e., if the W-9 indicates a hyphen between the two last names, enter a hyphen between the names or, if the W-9 does not indicate a hyphen between the two last names, enter one space between the names). Suffixes must be entered in the “FIRST NAME, MI, SUFFIX” field in the last position.

The “FIRST NAME, MI, SUFFIX” field is limited to 11 bytes and the information should be entered in this sequence with one space between the data elements. The only valid characters are A-Z and hyphens. All other characters are invalid and will cause an error condition on NVEN. If a person has two middle names, enter both middle initials with one space between the initials.

NVEN entries must be based on a valid W-9. The supporting W-9s must be kept on file with the agency for a period of not less than seven years. The W-9s will be subject to IOC review upon request.

NEW NVEN SCREEN RESTRICTIONS

NVEN is restricted to new non-business vendors with a SSN only. Agencies must submit all business W-9s in a hardcopy format to the IOC for processing. Sole proprietors (including physicians and attorneys) with a SSN or with a SSN and an EIN are both considered business vendors and are not allowed to be entered on NVEN. Also, foreign vendors and vendors with an ITIN (the first digit is usually a “9”) are not allowed to be entered on NVEN.

All changes to existing vendors (business or non-business) must be submitted on a hardcopy W-9 to the IOC for processing. W-9s that are submitted for changes to an existing vendor must be clearly marked to indicate the action needed (e.g. “Name Change” or “B-Notice”) on the face of the W-9 in the upper margin. Failure to mark W-

9s with the action needed, may cause the revised W-9s to be returned to the originating agency.

ACCESS TO NVEN SCREEN

If your agency currently does not have access to the NVEN screen on SAMS, you must complete the attached “Request for Access to the New Vendor Entry Screen”. Completed forms should be submitted to the IOC Security Administrator at 325 West Adams, Springfield, Illinois 62704-1871.

FUTURE CHANGES IN THE VENDOR CERTIFICATION PROCESS

The IOC is currently testing a system change which will reduce the timeframe for certification of new non-business vendors with a SSN. This change will take the output from NVEN and submit it directly to the IRS for validation on a daily basis. The current process routes all NVEN entries through the Illinois Department of Revenue before the results are submitted to the IRS. This change should significantly reduce the timeframe for certification of new non-business vendors with a SSN.

When this new change is implemented, agencies will be **required** to submit all new non-business vendors with a SSN through the NVEN screen on SAMS. At that time, any W-9 submitted by an agency for a new non-business vendor with a SSN will be returned to the agency for entry on NVEN. The IOC will notify agencies through a later Accounting Bulletin of the exact date that the system change will be put in production. Agencies are encouraged to confirm that they have access to NVEN and that their staff is fully trained in the entry of vendors on NVEN.

If you have any questions about this bulletin, please contact Karla Grigsby at (217) 557-3376. Agencies may access this and other Accounting, SAMS, and Payroll Bulletins on the Comptroller’s website at www.ioc.state.il.us under Resource Library.



Request for Access to the New Vendor Entry Screen

In order to perform my official duties on behalf of the (name of agency), I hereby request access to the SAMS New Vendor Entry screen (NVEN) for the purpose of adding new vendors.

With respect to this request, I make the following representations and acknowledgements:

1. I understand that all of the information entered into SAMS is confidential and is to be used only for official State of Illinois business.
2. I will comply with the applicable requirements of SAMS (Procedure 19.10.16) with respect to Vendor name and Taxpayer Identification Number (TIN).
3. I will enter only those vendors that have provided goods or services or will provide goods or services within a reasonable period of time following the addition of the vendor information,
4. I will not, during or any time following the termination of my employment, disclose or divulge any names and/or TINs of vendors I have entered on NVEN. I understand that such disclosure shall be grounds for progressive discipline, discharge, and/or criminal charges. I further agree that, upon termination of my employment, I shall not retain copies, notes or abstracts of the foregoing.

Employee Name: _____
Title: _____
SAMS ID#: _____
Employee Signature: _____
Date: _____
E-Mail Address: _____
Phone Number: _____

Agency Head Signature: _____
Date: _____

IOC approval: _____
Date: _____

Please forward the completed form to: IOC Security Administrator, 325 West Adams, Springfield, Illinois 62704-1871.