



Forms & Documents

Vendor Registration Forms

This is the basic package of information needed in order to register as an Orange County vendor.

* **Please note** – For the Vendor Registration Program, your Tax Status Questionnaire and Form W9 are to be submitted to:

Orange County Comptroller
Department of Finance and Accounting
PO Box 38
Orlando, FL 32801
Fax: 407-836-5105



OFFICE OF COMPTROLLER

**ORANGE
COUNTY
FLORIDA**

Martha O. Haynie, CPA
County Comptroller
Department of Finance and Accounting
201 S. Rosalind Avenue
PO Box 38
Orlando FL 32802
Telephone: (407) 836-5715
FAX: (407) 836-5753

Dear Vendor:

In an effort to assist in ensuring that payments for goods and/or services provided to the Orange County Board of County Commissioners and the Orange County Comptroller's Office are made on a timely basis, we would like to provide you with what we consider to be **minimum** requirements for an invoice to be deemed a proper invoice for payment.

1. The invoice shall contain the following minimum information:

- Name of vendor
- Address of vendor (i.e., where payment is to be mailed)
- Date
- Orange County Purchase Order Number
- Orange County Release Order Number (for purchases under Term Contracts)
- Orange County Term Contract Number (where applicable)
- Orange County Contract Number (where applicable)
- For non-purchase order procurements (i.e., emergencies) - name of County employee who requested purchase

- **For invoices involving the purchase of goods:**
 - Item description
 - Quantity purchased
 - Unit price
 - Total price (for each item)
 - Total amount of invoice (all items)

- **For invoices involving the purchase of services:**
 - Itemized description of services performed
 - Date services were performed
 - Billing method for services performed (approved hourly rates, percentage of completion, cost plus fixed fee, direct (actual) costs, etc.)
 - Itemization of other direct reimbursable costs (other than incidental costs, such as telephone expenses, copying costs, etc.)

- **For Partial Payment Requests on construction contracts:**
 - Partial Payment Request (invoice) on a form approved by the County
 - Itemized Schedule of Values
 - Copies of supporting invoices for all stored materials for which payment is being sought

- **For Final Payment Requests**

- All of the above
- Release of lien
- Consent of surety
- Power of Attorney
- Notarized Asbestos Free Letter
- Insurance Certification

- Any other information required by written agreement or contract with the Board of County Commissioners or County Comptroller

2. The invoice shall be submitted as follows:

- Invoices submitted in connection with the issuance of a Purchase Order/Field Purchase Order or Release Order - to the Orange County Finance Department
- Invoices submitted in connection with construction contracts - Orange County Department to which construction contract specified invoice is to be submitted
- Invoices not falling within the above two categories - Orange County Department for which goods were purchased and/or services were performed

3. The goods and/or services shall actually have been received and/or performed in accordance with contractual specifications to the sole reasonable satisfaction of the County.

4. If you would like to be paid electronically, please complete the attached Electronic Payment Authorization for Vendors form and return the original with a voided check and a completed W-9 to the Orange County Comptroller's Office, Vendor Team, P.O. Box 38, Orlando, Florida 32802-0038.

It is our hope that the above information will be helpful in ensuring timely payment. Please contact the Orange County Finance Department at (407) 836-5715 should you have any questions.

**Orange County Board of County Commissioners
Electronic Payment Authorization for Vendors
Orange County Comptroller - Chief Financial Officer**

Please complete this form and return to:

Orange County Comptroller
Vendor Team
PO Box 38
Orlando, FL 32802-0038
407-836-5715

PAYEE INFORMATION:

Vendor Name	
Address	
Contact Person	Phone Number
Fax Number	Email Address (required)
Tax ID #	Please include completed W-9

EFT FINANCIAL INSTITUTION INFORMATION:

Bank's ABA (routing number)		
Bank Account Number		
Bank Account Type:	Checking	Savings
Name on Account		
Name and complete address of Bank or Financial Institution		
Bank Phone Number:		

I authorize these payment instructions, and agree to the terms and conditions for Electronic Funds Transfer payments listed below:

Printed Name _____

Signature/Title _____ Date _____

For OC Comptroller Use Only

Vendor Code: _____

Entered in System by: _____ Verified by: _____

01-PPD _____ (Individual Acct) Type of Account: 02-CCD+ _____ (Business Acct)

This form is for vendors who wish to receive payments by electronic funds.

- It is mandatory that the address and phone number for your bank or financial institution be included.
- The accuracy of the information provided regarding your financial institution's routing number and your account number is critical to ensure that funds are routed correctly.
- Please provide the email address for receipt of the EFT remittance notification. An email will be sent on the day the direct deposit is sent to your bank.

TERMS AND CONDITIONS

This authorization will remain in effect until withdrawn in writing with sufficient notice to the Orange County Comptroller's Office (Comptroller) to allow adequate time to effect termination. The Comptroller will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Changes to the information on this form may only be made by an authorized representative of the Payee and must be made in the form of a complete revised electronic authorization form. Changes to account information or EFT rejects will cause the original authorization to be immediately inactivated.

This form authorizes the Comptroller to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA Rules Article Two, Sections 2.8 and 2.9 to correct a credit entry made in error.

In the event of an overpayment, duplicate payment, fraudulent payment or other error, the Payee agrees to return the erroneous payment within ten (10) business days. If the erroneous payment is not returned within ten (10) business days, the Payee shall remit interest on the erroneous payment from the day it receives notification of the error from the Comptroller until the day the funds are returned. The interest shall be paid at the bank prime loan rate published in the Federal Reserve's *Selected Interest Rates (H.15)* report.