

## **SCIENCE APPLICATIONS INTERNATIONAL CORPORATION - Instructions for completion of Vendor Master Data Template**

Completion of this form is required to establish a company as an authorized vendor in SAIC's Procurement System. Purchase orders (PO's) and related payments cannot be issued to a vendor unless this form has been completed by the vendor and processed by SAIC's Accounts Payable Department (A/P). Once a company has been identified as a new vendor, an SAIC Buyer will forward this form to the vendor for completion. Once completed, the form should be returned to the SAIC Buyer who will verify accuracy and completeness of the data and then forward to the SAIC A/P. If you have any questions about this form, please contact your SAIC Buyer. Please note all fields indicated below must be completed or the form will be returned to the vendor for completion. Some fields on the form are optional.

Data requirements for each field on the Vendor Master Template are as follows:

Requesting SAIC Buyer Name - Required - First and last name of SAIC buyer to be completed by SAIC buyer before forwarding the form to the new vendor  
Buyer Phone Number - Required - Phone number of SAIC buyer to be completed by SAIC buyer before forwarding the form to the new vendor  
Buyer Fax Number - Required - Fax number of SAIC buyer to be completed by SAIC buyer before forwarding the form to the new vendor  
Purch Org # for Buyer - Required - Purchasing organization number that the new vendor number will be extended to.

SALES OFFICE ADDRESS SECTION (for mailing/correspondence related to PO's) - NOTE: All fields from this point on are to be completed by new vendor.

Full Legal Name of Business (SAP field "Name 1") - Required - Enter full legal business name as shown on social security card or business name as it was used to apply for Employer Identification Number

Street Address/City/County/State/Country/Zip Code (SAP fields "Street", "City", "District", "Region", "Country" and "Postal Code") - Required - Indicate mailing address for all correspondence related to PO's

Phone Number (SAP field "Telephone 1") - Required - Please provide phone number to be used if SAIC has any Purchase Order-related question

REMITTANCE ADDRESS SECTION (for mailing/correspondence related to Payments) - Completion of this section is only required if remittance will be made to a different address than the Sales Office Address indicated in section above. If remittance is to be made to a company with a different social security number or federal tax ID number, a separate Vendor Master Data Template must be completed.

Name to Appear on Checks (SAP field "Name 1") - Optional if same as full legal name of business

Street Address/City/County/State/Country/Zip Code (SAP fields "Street", "City", "District", "Region", "Country", "Postal Code") - Optional

A/R Contact Name - Optional - Please provide Accounts Receivable representative name, if appropriate

Phone Number (SAP field "Telephone 1") - Optional - Provide phone number to be used if SAIC has any invoice-related question

Alternate Phone Number (SAP field "Telephone 2") - Optional - Provide alternative phone number for invoice-related questions, if appropriate

Fax Number (SAP field "Fax Number") - Optional - Provide fax number for invoice-related questions, if available

SBA CERTIFIED/HUBZONE ELIGIBLE - Required yes or no if applicable.

SOCIO-ECONOMIC STATUS (SAP field "Minority Indicator") - Required - Indicate socio-economic status of vendor based on Standard Industry Classification (SIC) or Merchant Category Code (MCC). The socio-economic code is used in complying with the acquisition related sections of the Small Business Act, Armed Services Procurement Act, and the Federal Property & Administrative Services Act. Small business size standards are applied by classifying the product or service being acquired in the industry whose definition, as found in the SIC Manual, best describes the principal nature of the product or service being acquired; identifying the size standard in the solicitation, so that offeror can appropriately represent themselves as small or large. The vendor's accounting or contracts department can assist with determination of proper socio-economic status.

TERMS OF PAYMENT (SAP field "Payment Terms") - Required - Provide standard payment terms that will appear on invoices related to SAIC PO's. If left blank, SAIC will assume that your company's terms of payment are net 30 days.

REQUEST FOR TAXPAYER ID NUMBER & CERTIFICATION - Substitute W-9 - Required

Enter your Taxpayer Identification Number (TIN) in the appropriate section (SAP fields "Tax Code 1" & "Tax Code 2"). For individuals/sole proprietors this must be a Social Security Number. For partnerships and corporations, this is an EIN. If your organization does not fall under these four categories, please describe your organization type and provide an EIN.

Printed Name of Authorized Vendor Representative - Required - Please print name of person signing form below

Signature & Certification of Substitute W-9 Information - Required - Authorized Vendor Representative is required to sign the completed Vendor Master Data Template Form to 1) certify that the data shown on the Vendor Master Data Template is accurate, 2) certify that you are not subject to backup withholding, and 3) to claim exemption from backup withholding if you are an exempt payee. Payments you receive will be subject to backup withholding if you do not furnish your TIN, the IRS tells SAIC that you furnished an incorrect TIN, the IRS tells SAIC that you are subject to backup withholding, you fail to certify that you are not subject to backup withholding, or you fail to certify the accuracy of the TIN provided.

Date of Signature - Required

Completed form should be faxed or mailed by the vendor to the SAIC Buyer who sent you the form.

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