



MASTER DATA PROCEDURES

VENDORS & CUSTOMERS

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DESIGNEE APPROVERS LISTS

The designee approvers list is a list of people from each BU that is authorized by the BU Controller to approve the setup of jobs, vendors and customers. Each time one of the designated approvers leaves and a replacement has been hired, The BU Controller must have that person added to the designee approvers list. If that person is not on the list they cannot approve any requests. The BU Controllers have designated what each person is authorized to approve by checking the appropriate box on the list. All designated approvers must sign the list either manually or using SignNow.

DESIGNEE APPROVERS

COMPANY # 2301 COMPANY NAME: Lunda Construction

DEPARTMENT STAFF/DESIGNEE NAME	DEPARTMENT STAFF/DESIGNEE TITLE	DEPARTMENT STAFF/DESIGNEE SIGNATURE (as it will be on the approval)	CASH REQ/ PYMT GROUP APPROVAL Y/N	BATCH TRANSMITTAL APPROVAL Y/N	AUTHORIZATION TO REQUEST VOIDS Y/N	SUPPLIER SET UP APPROVAL Y/N	JOB SETUP APPROVAL Y/N
Jennifer Zawistowski	Finance Staff Accountant	<i>Jennifer Zawistowski</i>	Y	Y	Y	Y	N
Scott Hall	Assistant Controller	<i>Scott Hall</i>	Y	Y	Y	Y	N
Jared Perrine	Assistant Controller	<i>Jared Perrine</i>	Y	Y	Y	Y	Y
Charles McGlothlen	VP/CFO	<i>Charles McGlothlen</i>	Y	Y	Y	Y	Y
Joe Larson	VP	<i>Joe Larson</i>	N	N	N	N	Y
Todd Bowen	Contract Manager	<i>Todd Bowen</i>	N	N	N	N	Y
Approved by: (print please)	Charles McGlothlen						
TITLE	VP/CFO						
Approved by: (signature please):	<i>Charles McGlothlen</i>						
DATE:							
Please review this chart as it pertains to your Company. Please email back to me as soon as possible.							

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VENDOR SETUP

When requesting to have a vendor setup in JDE, the BU must submit a **VME, W9** and an **invoice** or **quote** on company letterhead. Without these 3 documents the vendor setup cannot be completed.

VME (Vendor Maintenance Form).

- Must be filled out completely.
- Must be signed by BU Controller or a designated approver.

W9 (W8 for foreign vendors if available) [Click here for a blank W9](#) or [here for a blank W8](#).

- Must be filled out completely.
- Must be signed and dated with the current year.

Backup Documents (Must have vendor's remit to address and be on company letterhead)

- Invoice
- Quote
- Blank Letterhead / Business Card

Subcontracts

- Copy of signed subcontract must be submitted if available
- Vendor will be setup with Hold Payment "Y" until we receive a copy of subcontract.

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This where the requesting BU company number is to be input along with the purpose of the request.

The name and physical address of the vendor we are doing business with. This will be printed on the check.

This field is to be filled out if the remit to address is different than the physical address and must be on the invoice.

The default term is 30 days. Subcontractors is 45 days. Less than 30 days must be approved by the BU controller and Director of Corporate A/P.

These should be marked by the requesting BU. If they are not marked then the default is OTH (other).

TUTOR PERINI CORPORATION

VENDOR/SUPPLIER MAINTENANCE FORM

COMPANY # SUBMITTING REQUEST		A CURRENTLY DATED WP MUST BE ATTACHED	
NEW VENDOR			
LAW FIRM			
LICENSE			
PAYROLL (Add U.G or C)	Union (U), Garnishment (G), Child Support (C)		
SUBCONTRACTOR			
PROLOG - Yes?			
CHANGE TO VENDOR #:		PROOF OF CHANGE MUST BE ATTACHED	

VENDOR NAME (as it appears on WP)	
PHYSICAL ADDRESS COPY OF INVOICE MUST BE ATTACHED. <small>This should be the address on WP and not the "Remit To", or "PO BOX".</small>	
ADDRESS _____	
CITY _____	STATE _____
COUNTY _____	ZIP _____
CONTACT NAME _____	
PHONE # _____	FAX # _____
SEPARATE CHECK? Y/N _____	

REMIT TO OR PAYMENT ADDRESS IF IT IS DIFFERENT THAN PHYSICAL ADDRESS ABOVE <small>This address will appear under the Special Payee, and will show on the check.</small>	
ADDRESS _____	
CITY _____	STATE _____
COUNTY _____	ZIP _____
CONTACT NAME _____	
TELEPHONE # _____	FAX # _____

Please mark applicable Payment Terms		*Used by JDE/ETUP only	
<input type="checkbox"/> 0 Days	<input type="checkbox"/> 15 Days	<input type="checkbox"/> 30 Days	<input type="checkbox"/> Other
Default payment term is 30 days			
Define the Net Pay Term for Others:		Vendor Category Codes	
Reason for selecting Others:		<input type="checkbox"/> BEN/301 <input type="checkbox"/> COI/302 <input type="checkbox"/> EBI/303 <input type="checkbox"/> EWP/304 <input type="checkbox"/> EOP/305 <input type="checkbox"/> OPI/306 <input type="checkbox"/> COI/307 <input type="checkbox"/> LIS/308 <input type="checkbox"/> MTL/309 <input type="checkbox"/> THN/310 <input type="checkbox"/> PCS/311 <input type="checkbox"/> RGS/312 <input type="checkbox"/> RUI/313 <input type="checkbox"/> UN/314 <input type="checkbox"/> RZ/315 <input type="checkbox"/> UT/316	

NOTES & SPECIAL INSTRUCTIONS	

Vendor Diversity Classification		DIVISION CONTROLLER'S NAME OR DESIGNEE (Print)	
Minority Owned Business			
Women Owned Bus.			
Local Business Ent.			
Disadvantaged Bus.		SIGNATURE & DATE	
Small Business Ent.			
DUNS Number			

BU Requested by _____

Please Note Regular processing time is one business day.

This form must be signed by either the BU Controller or one of the authorized approvers on the designee approvers list.

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This is where the Parent Company / Owner's name should be. This is the name that is registered with the IRS and who the tax id belongs to.

The Company needs to mark their tax status. Individual Proprietor, Corporation or Partnership. Companies that are LLC should mark the LLC line and indicate C, S or P.

W-9
Form (Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following service boxes.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2)

Part or type of requester or recipient

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Part II Certification

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (as defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/formw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends and capital gains distributions)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (broker or mutual fund sales and certain other transactions by brokers)
- Form 1099-E (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 15221X Form **W-9** (Rev. 11-2017)

This is where the dba goes. This can be the name the company is doing business under.

The Company must enter the address that they have registered with the IRS.

This is where the company needs to put their tax id. The tax id must match the name in box #1

The W9 must be signed and dated with the current year.

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VENDOR CHANGES

- **Address Changes** – If a vendor has moved, then an address change is needed.
 - A VR address book number will be setup and assigned to the Supplier, to satisfy a Remit To address requirement.
 - Any modification to either of addresses, require a W9, along with a current Invoice (or a vendor notification on a letterhead) accompanied by a signed VMF.
- **Name Changes** – If a vendor changes their name because of a buy out or they just changed it for any reason, in most cases a new vendor has to be setup, and deactivate (VX) the old vendor with the old name. This is to ensure the integrity of historical data on issued voucher on a given vendor account.
- **Payment terms** – currently default value for payment term is 30 days, and any term less than 30 days requires the approval of controller and a reason for requesting shorter payment terms.
- **Misc** – such as changes to CatCode, synchronization with Procore or Prolog, or payment creations do not require a signed VMF.

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CUSTOMER SETUP

The customer name and address is the only information needed

Job Set-Up Request Form

RELATED JOB NUMBER		JOB TYPE		DATE	
JOB ADDRESS NO.		SUBJOBS (Y/N)		REVISION	
PROJECT #		# OF SUBJOBS		Billing Rate Risk from List ↓	
CUSTOMER NO.		PROJECT NAME			
THRESHOLD %		SUBJOB NAME			
COMPANY NO.		SUBJOB NAME (2)			
		SUBJOB NAME (3)			
Is there an Executed Contract for this Scope of Work?					
JOB SITE INFORMATION <small>**If Subjob information is different from below, provide separate forms**</small>					
NAME					
ADDRESS					
CITY					
STATE					
ZIP CODE (9 DIGIT)					
COUNTRY					
JOB DESCRIP					
JOB DESCRIP (LINE2)					
CUSTOMER / OWNER INFORMATION					
NAME					
ADDRESS					
CITY					
STATE					
ZIP CODE					
COUNTRY					
PHONE					
CONTACT					
REQUIRED INFORMATION (Section 1)					
SEGMENT		BILLING RATE TABLE			
BIDD MARKET		BILLING HEB U			
JOB TYPE		CONSOLIDATION			
CONTRACT TYPE		SUB CONSOL TIER 1			
CLIENT SOURCE		SUB CONSOL TIER 2			
DEPT		SUB CONSOL TIER 3			
CAT CODE LOCATION		BOND			
PROJECT LABOR AGREEMENT		INSURANCE			
JOB STATUS		COUNTRY			
OWNERSHIP		NFM JOB STATUS			
REQUIRED INFORMATION (Section 2)					
PROLOG INTEGRATION					
Tax Status					
RECHARGE RATE					
PRIME/2ND CONTRACTOR					
INTERCOMPANY					
CONTRACT SCOPE					
STATE/TERRITORY					
40					
30					
REQUIRED INFORMATION (Section 3)					
41-47 NOT IN USE					
48					
FIVE STAR SPECIAL JOBS					
PREVAILING WAGES					
PLANNED START DATE					
LABOR LOAD FACTOR					
PLAT BURDEN METHOD					
CERTIFIED PAYROLL					
SUPPLEMENTAL DATA					
STATE & FEDERAL CONTRACT ID NO					
STATE ID		FEDERAL ID		LOCATION (Country)	
				DISTRICT	
				CERT REF #	
JOB VENTURE AFFILIATES (TIC)					
COMPANY NUMBER		OWNERSHIP %		AFFILIATE WITHIN TIC	
				JOB ADDRESS	
APPROVERS					
		NAME		JOB TITLE	
				INITIALS	
<small>**Required Field</small>					

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Need to make a payment through AP

Employee

Is this a settlement?

No

Is this for moving expenses?

No

Is this for Rental?

Yes

Is the rental for more than a year?

Yes

No

Employee Name & Number along with reason for Reimbursement

Documents

- W9 or W8 Or nothing incase of foreign
- VMF signed by designee approver
- Invoice, Quote Or Copy of settlement

Send an email to JDESETUP with collected documents

Supplier Account

Procurement

Sub contractor

Others

Is there a signed PO

No

Do we have a Quote, or Sample Invoice

No

Is there a signed contract

No

Stop

Customer

Stop

Can not make payments to customers, if required then setup Vendor

No

Yes

Yes

Yes

Yes

This should be processed through payroll

Send an email to JDESETUP with collected documents