

# Infectious Diseases Resources

## Add Vendor to BMC AP System

**Purpose:** The purpose of this page is to provide guidance to internal BMC users on how to add a vendor in the BMC Accounts Payable system to process an invoice payment. Do not use this process for adding foreign vendors with foreign addresses.

### A. Timeline:

- a. The timeline for adding a vendor into the BMC AP system can range from 24 hours to one week.
- b. Examples of instances that may cause delays include:
  - i. Incorrect paperwork
  - ii. Foreign addresses

### B. Add Vendor Process:

- a. Prior to submitting the request, you must obtain the following information:
  - i. Signed W-9 tax form from the vendor.
  - ii. Completed ACH payment form: <https://hub.bmc.org/system/files/docs/2021-04/BMCVendorACHForm.pdf>
- b. Click here: <https://apdocs.bmc.bmcroot.bmc.org:9018/> and click on “Boston Medical Center Payment Request”.



- i. Login using your BMC username and password.
- ii. In the next screen, select Entity # 1, today's date, New Vendor.
  1. You can keep Transaction Request Type blank.

# Payment and Vendor Change Request

Please click [here](#) to view our company policy on payment and vendor requests.

This form is not for invoice payments. Please forward invoices to [Accounts.Payable@bmc.org](mailto:Accounts.Payable@bmc.org)

* Entity #: <input checked="" type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7	Payment # <input type="text" value="PMT240517105646784"/> <small>To be filled out by Accounts Payable</small>	*Date Requested <input type="text" value="05/17/2024"/> <small>Date the vendor made the request for payment</small>
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<b>Transaction Request Type</b> <b>Payments</b> <input type="radio"/> Payment without Invoice <input type="radio"/> Credit Card Payment	<b>Vendor Information</b> Is this a Diversity Vendor? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> New Vendor <b>W-9 form must be attached</b> <input type="checkbox"/> Supply or Service Vendor <input type="checkbox"/> Federal Grants related  <input type="radio"/> Updating Existing Vendor
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iii. Complete Payee Information. Fill in all required fields.

## Payee Information

Vendor Search

* Vendor #	* Vendor Name	
<input type="text"/>	<input type="text"/>	
* Address 1	Address 2	
<input type="text"/>	<input type="text"/>	
* City	* State	* Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Vendor Phone	* Vendor Email	
<input type="text"/>	<input type="text"/>	
* Reason for Request		
<input type="text"/>		

iv. Payment Information should be left at \$0.00 and date is blank.

<b>PAYMENT INFORMATION</b>	
* Total Payment Amount	Payment Due Date
<input type="text" value="0.00"/>	<input type="text"/>
	<small>ONLY if different from usual terms</small>

v. GL Distribution should be left blank & W-9 & ACH documents should be uploaded in attachments section.

