

Michael L. Parson Governor

> Dru Buntin Director

MEMORANDUM 2025-008

DATE: November 14, 2024

TO: All Soil and Water Conservation Districts

FROM: Jim Plassmeyer, Director IV Soil and Water Conservation Program

SUBJECT: MissouriBUYS powered by MOVERS Registration

The State of Missouri is moving to a new accounting system; Missouri Vital Enterprise Resource System (MOVERS). Effective July 1, 2025, all payments from the State of Missouri will be processed through MOVERS.

With the change to MOVERS, the vendor/supplier forms will no longer be accepted and all cooperators receiving a cost-share payment from the State of Missouri will need to be registered in MissouriBUYS powered by MOVERS. Office of Administration is requesting that we discontinue using the form now and start asking the cooperators to register in MissouriBUYS powered by MOVERS.

Attached are the instructions to register in MissouriBUYS powered by MOVERS.

Link: https://missouribuys.mo.gov/vendors

If you have questions, please contact your district coordinator. Thank you.

Attachment



Topic Overview

MissouriBUYS is the State of Missouri's secure, web-based statewide eProcurement system powered by MOVERS (an Oracle product).

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Introduction

This guide provides an overview and step-by-step instructions for a supplier to follow and complete the Supplier registration process in MissouriBUYS, powered by MOVERS. As a security feature, after 10 minutes of inactivity, you will be given a two-minute warning, with a pop-up as shown below. After 2 more minutes of inactivity the system will log you out. A pop-up box will apprear on the screen, click **Continue** to stay logged in.

Note: If at any time during registration you need to complete the process at a later time, click **Save**. Otherwise, once you click **Continue**, your work will automatically be saved, and the system will prompt the next page.

Access MissouriBUYS, powered by MOVERS Supplier Registration

- 1. Navigate to the <u>Self-Service Supplier Registration</u> page.
- 2. To begin the Self-Service Supplier Registration process, enter your email address on the right-hand side and select **Send Access Code**.



 Enter the access code received in the system notification in the Access Code field and click Continue. The access code is case-sensitive and should be entered exactly as it appears in the system notification. The code <u>expires</u> in 15 minutes.





Enter Supplier Details

On the **Supplier Details** screen, provide your supplier information as you are guided through each of the sections listed on the right-hand side of the screen. Required fields are labeled under the field on the right-hand side.

| Supplier Details | | | 1 6 |
|---|---|--|----------------------------------|
| Follow the prompts below to begin your self-service | e registration. | | |
| Helpful Tips: | | | |
| In the TIN Type field, select FEIN or SSN before sele using SSN, select Individual or Branch/DBA from in the Note to Approver field. As a reminder when m | cting your Registration Type. If using FEIN , select Parent/ the Registration Type dropdown. If you are registering as a egistering as a Branch/DBA, <u>do not enter</u> your Taxpayer ID | Headquarters or Branch/DBA from the Registration Type Branch/DBA, type in the name of the Parent/Headquarter in the Taxpayer ID field. | dropdown, If rs or Individual |
| To agree to the State of Missouri's Privacy Policy, se | lect I (We) Agree in the Agree to Privacy Policy drop dowr | before selecting Continue. | |
| Please attach a signed and dated Internal Revenue submitting the registration. Digital signatures are n form, you may click Save and complete your registr | Service W-9 Form in the Drag and Drop box below. The to ot accepted. Failure to attach a signed and dated W-9 form atton later. | form must be hand signed and dated within the last 12 mo m will result in your registration not being created. If you do | nths of p not have a W-9 |
| Once all information has been entered, select Conti | inue. If you need to complete your registration at a later til | me, select Save. | |
| Supplier Lilacs Travel the World | Veloate lilacstraveltheworld.com 2 | Country United States 3 | |
| Taxpayer ID 0000000004 4 | uer 5 | Organization Type INDIVIDUAL/SOLE PROPRIETOR OR SIN | GLE-ME 6 |
| | | | Contacts |
| Note to Approver | | | |
| | | | Addresses |
| Additional information | | | Bank Accounts |
| TIN Type SSN | Registration Type PARENT/HEADQUARTERS | Payment Notification Email Address info@example.com | Products and Services |
| Agree to Privacy Policy | | | |
| | Required | | Questionnaire |
| | | Cancel Save | Continue |

- 1. In the **Supplier** field, enter the Legal Name of the entity/individual. The system will <u>not</u> allow duplicative names. The Legal Name must match, excluding punctuation, the entity/individual name on record with the IRS for your Tax Identification Number.
 - a. If you want to register both your Parent/Headquarters and Branch/DBA (Doing Business As) companies with the State of Missouri, please create your Parent/Headquarters Registration first, then create a separate Branch/DBA Registration. Please do not list your DBA name within your Supplier name when completing your Parent/Headquarters Registration.
 - b. Once you have completed your Parent/Headquarters Registration, please create a Branch/DBA registration and enter the name in which you conduct business.
- 2. In the Website field, if desired, enter your business website's URL.
- 3. In the **Country** field, click on the drop-down arrow to choose your country. You can also start typing the country and a list of options will be provided to select from.
- 4. In the **Taxpayer ID** field, enter your 9-digit Taxpayer ID. Do <u>not</u> enter any hyphens, spaces, or dashes.
 - a. This will be either your Social Security Number (SSN) or your Federal Employer Identification Number (FEIN). Do <u>not</u> enter your 9-digit SSN or FEIN if you are registering your Branch/DBA Supplier name. Instead, leave the Taxpayer ID field blank.



Note: The State of Missouri uses this information to associate your registration with the state's financial system for Federal tax reporting.

- 5. In the **UEI** field, enter the Unique Entity Identifier (UEI) number, if applicable. Please leave this field blank if you have not applied for and been assigned a UEI number by the federal government.
 - a. This field is not required.
 - b. The UEI number must contain 9- or 12-digits. If any number less than 9 or more than 12 is entered, you will <u>not</u> be able to proceed with your registration until corrected.
 - c. It cannot contain letters or symbols.
- 6. In the Organization Type field, click on the drop-down arrow to select the correct Organization

| d l' D i l | | | |
|--|--|--|-----------------------|
| Supplier Details | | | 100 |
| allow the prompts below to begin your self-si | ervice registration. | | 1 6 |
| elptul Tips: | | | |
| the Registration Type field, select Parent/H the Note to Approver field, As a reminder, w | eadquarters, Individual or Branch/DBA, II you are registering a hen registering as a Branch/DBA, <u>do not enter</u> your Taxpayer ID | s a Branch/DBA, type in the name of the Parent/Headquarters or Individual in the Taxpayer ID held. | |
| o agree to the State of Missouri's Privacy Poli | cy, select I (We) Agree in the Agree to Privacy Policy drop down b | efore selecting Continue. | |
| lease atlach a signed and dated internal Rev ggistration. Digital signatures are not accepti ave and complete your registration later. | enue Service W-9 Form in the Drag and Drop box below. The for ed. Failure to attach a signed and dated W-9 form will result in you | m must be hand signed and dated within the last 12 months of submitting the ar registration not being created. If you do not have a W-9 form, you may click | |
| Ince all information has been entered, select | Continue. If you need to complete your registration at a later unit | e, select Save | |
| Supplier Clayton's Collision Center | Wive w department listoncenter.com | Converse v | |
| Tacoptyer ID 000001236 | us | Organization Type INDIVIDUAL/SOLE PROPRIETOR OR SINGLE-MER | Supplier Details |
| | | | Contacts |
| Note to Approver | | | Addresses |
| dditional Information | and the second | | Bank Accounts |
| TIN Type 8 FEIN 8 | Registration Type PARENT/HEADQUARTERS 9 | Payment Mathuaden Email Addeess USer @lexternable.com | Products and Services |
| Agrees to Privacy Policy: 11 | • | | Disartingundun |
| | | | Quesuonnaire |
| int Unperted 1 minute and | | Cancel Save Continue | |

7. In the Note to Approver field, add any additional notes that may apply. For example, in the case of an ownership change or business restructure, please add the prior supplier name. Do <u>not</u> enter any sensitive information in the Note to Approver field, such as SSN, FEIN, or bank information.

Note: If you are registering your Branch/DBA registration, please add the Parent/Headquarters company name in the **Note to Approver** field.

- In the TIN Type field, click the drop-down arrow to select Social Security Number or Federal Employer Identification Number, depending on how you are doing business with the State of Missouri.
- 9. In the **Registration Type** field, you will enter whether you are an Individual, Parent/Headquarters or Branch/DBA.
 - a. Individual applies to you if are doing business as yourself or as a sole proprietor.
 - b. **Parent/Headquarters** applies to your organization if it is the parent or headquarters location of your organization.





- c. Branch/DBA (Doing Business As) applies to your organization if it is a child company or branch location of another entity. If you are registering your Branch/DBA, please double check the following.
 - i. In the Supplier field, ensure you have entered your DBA name only.
 - ii. In the Taxpayer ID field, ensure you have left it blank.
 - iii. In the Note to Approver field, ensure you have provided the Individual or Parent/Headquarters name.
- 10. In the **Payment Notification Email Address** field, enter an email address for which you want to receive an email notification when a payment has been made to this supplier.

Note: Payment notifications will be generated with a future release of the MOVERS system.

- 11. In the Accept Terms and Conditions field, click the drop-down arrow and select I (We) Agree.
- 12. In the **Drag and Drop** box, upload a hand-signed and dated Internal Service W-9 Form and select **Continue**.

Note: Please attach a signed and dated **Internal Revenue Service W-9 Form** in the "Drag and Drop" box below. The form must be hand-signed and dated within 12 months of submitting the registration. Digital signatures are <u>not accepted</u>. The W-9 Form can be found on the <u>IRS official</u> <u>website</u>.Failure to attach a signed and dated W-9 form will result in your registration not being created. If you do not have a W-9 form, you may click **Save** and complete your registration later.

| Supplier Details | | | |
|--|--|---|-----------------------|
| Follow the prompts below to begin your self-s | service registration. | | 1 6 |
| Helpful Tips; | | | |
| In the Registration Type field, select Parent/H in the Note to Approver field. As a reminder, v | leadquarters, Individual or Branch/DBA. If you are registering, when registering as a Branch/DBA, <u>rio not enter</u> your Taxpayer ID | as a Branch/DBA, type in the name of the Parent/Headquarters of Individual D in the Texpayer ID field. | |
| To agree to the State of Missouri's Privacy Pol | icy, select I (We) Agree in the Agree to Privacy Policy drop down | before selecting Continue. | |
| Please attach a signed and dated internal Re- registration. Digital signatures are not accept Save and complete your registration later. | venue Service W-9 Form in the Drog and Drop box below. The fo (ed). Failure to attach a signed and dated W-9 form will result in yo | orm must be hand signed and dated within the last 12 months of submitting the sur registration not being created. It you do not have a W-9 form, you may click | |
| Once ail information has been entered, select | Continue. If you need to complete your registration at a later tim | ne, select Save. | |
| Supplar Clayton's Collision Center | Trelicite Claytonscollisioncenter.com | Camery V United States | |
| Texpeyer ID 000001236 | UEI | Ingentation Type INDIVIDUAL/SOLE PROPRIETOR OR SINGLE-MEI | Supplier Details |
| Note to Approve | | | Contacts |
| | | | Addresses |
| Additional information | | | Bank Accounts |
| TIN Type- FEIN | Registration Type PARENT/HEADQUARTERS | Perment Huminaman Erwäll Authens User @lexample.com | Products and Services |
| Agree in Privacy Pulicy I (WE) AGREE | • | | |
| | | | Questionnaire |
| Lasty-med Twinds for | | Cancel Save Continue | |



Enter Contacts

The **Contacts** screen is where you will enter your contact information and create additional contacts who will need access to the MissouriBUYS Supplier Portal. Each contact may be assigned to one or both of the supplier role(s).

| souriBUYS | | | | | | | |
|--|---|---|---|--|--------------------------------|----------|-----------------------|
| e of Missouri | - | | | | | - | - / - |
| Supplier Registration | | | | | | | 2/6 |
| Contacts | | | | | | | 10 |
| Wase enter your First Name | , Last Name, Email Address, a | nd Mobile/Phone Number. | | | | | |
| you are the administrative on norder to have online access complete your registration, yo have all information has been caused 1 | contact of this registration, please on to your registration, please on au writ nor receive your credenn n entered, selver Continue . If yo | se ensure Yes is selected in ord and Yes is selected next to the ars to log in to the system o meet to complete your resp. | er to manage this registrant question Oora this contact raisen al a later june, select | n and the users wood a user account? If Save | yes is not selected at the fir | אסע ייתר | |
| First Name | | Law Nome | | | | | Supplier Details |
| Envil Iestip125.com | Flaquated | | Requ | red | | | Contacts |
| Country US | thuide -y1 | | | 1 | | | Addresses |
| Country V | Phase * +1 | | Ext | | | | Bank Accounts |
| US T | Fait 4] | | | | | | Products and Services |
| s this an administrative cont | lact? @ Ye | O ND | | _ | | _ | Questionnaire |
| Lose applaued 1 constant ages | | | | | Cancel Save | Continue | |

- 1. Enter your contact details with your First Name, Last Name, and Email.
- 2. Provide either a **Mobile** or **Phone** number in case the State of Missouri Supplier Management Team needs to contact you regarding your registration.
 - a. If entering a Mobile number:
 - i. In the field to the left, verify the Country selected is "US".
 - ii. In the **Mobile** field, enter your mobile phone number, starting with "+1" which automatically populates, and your area code first.
 - b. If entering any other Phone number:
 - i. In the **Phone** field, first, enter your phone number, starting with "+1" which automatically populates, and your area code.
 - ii. In the Ext field, enter your extension, if applicable.
- 3. In the Fax field, enter your fax number.
 - a. In the field to the left, verify the Country selected is "US".
 - b. In the Fax field, first, enter your mobile phone number, starting with "+1" which automatically populates, and your area code.
 - c. This field is not required.
 - d. In the **Job Title** field, enter your job title. This field is not required.



- 4. Verify your response for "Is this an administrative contact?" and "Does this contact need a user account?".
 - a. The Yes radio button will be selected by default for both.

| Contacts | | | | | |
|---|---|---|--|---|-------------------------------------|
| Please enter your First Name If you are the administrative o in order to have online access in to the system. | , Last Name, Email Address, an contact of this registration, please to your registration, please ensu | id Mobile/Phone Number e ensure Yes is selected in order to manage this registration an ure Yes is selected next to the question Does this contact need | t the users. a user account? If yes is not selected at the th | me you complete your registration, you will r | not receive your credentials to log |
| Once all information has been Contact 1 Emer contact details. Registra | n entered, select Continue . If you | a need to complete your registration at a later time, select Save at to this contact. | | | |
| Rist Name | | Last Norme. | Job Title | | |
| Envel | Regulined | Required | | | |
| Country: US | Mobile +1 | | | | |
| Country v US | Fine* | Ed | | | |
| Country US | Fila + | | | | |
| Is this an administrative cont Administrate contact influence gen Unes this contact need a use the incomise influence of the incomise influence of the income What user roles does the adapt of the function of the incomes | Add? Indicommunications from Le. In account? All supplier bar bottom and self-service in All scontact need? Intil the responsibilities of the contact. | ONO www.ONO | | | |
| MO Supplier Self Role anovates scini MO Supplier Bid Role anovates acces | Service Administrator Instantor access to supplier parts. The den s to supplier pointal This role is able to | s noie is sole to access and maintain. Company profile Information. | | | |
| an updaard 4 waaraa ago | | | | | Cancel Save Continue |

- Verify "What user roles does this contact need?". You will need to assign <u>at least</u> one role to specify the responsibilities of the contact. You can select all boxes if needed.
 - a. Tip: As the supplier profile owner, you need to select the "MO Supplier Self Service Administrator" role. This role allows the user to manage the profile and grant contacts access to the supplier application.
- 6. If you would like to add another contact, click on Add Another Contact at the bottom of the page.

| | MO Supplier Self Service Administrator | | |
|-------|--|--|--|
| | MO Supplier Bidder | | |
| D | Role provides access to supplier portal. This role is able to view solicitations and maintain responses. | | |
| - Add | Another Constant | | |

- 7. To edit a previously entered contact, click on the Pencil icon on the right-hand side.
 - a. If you would like to remove a contact, you can click on the **Trash** icon adjacent to the **Pencil** icon. The **Trash** icon will appear on all contacts, so be sure you verify that you are deleting the correct contact.



Self-Service Supplier Registration Process

| Contact 2 | | | / 🗇 |
|---|--------------------------------|-----------|-----|
| First Name Sandy | Last Name McTest | Job Title | |
| Email User@example.net | Mobile +1 215 555 5554 | | |
| Phone +1 215 222 0000 | | | |
| Fax | | | |
| Is this an administrative contact? Administrative contact will receive general communications from us |) Yes () No | | |
| Does this contact need a user account? User accounts will provide online access to supplier transactions and | Iself-serviceTaska, 🕑 Yes 🔿 No | | |
| What user roles does this contact need? Assign at less 1 user role to specify the resonabilities of th | e contect. | | |
| MO Supplier Bidder | | | |

8. Click Continue.

| Contacts | | | | |
|--|---|---|--|--|
| Please enter your First Name | , Last Name, Email Address | , and Mobile/Phone Number. | | |
| If you are the administrative c | ontact of this registration, pl | ease ensure Yes is selected in order to manage this regi | stration and the users. | |
| In order to have online access will not receive your credentia Once all information has been | to your registration, please of Is to log in to the system entered, select Continue . If | ensure Yes is selected next to the question Does this co you need to complete your registration at a later time, s | ntact need a user account? If yes is not sele elect Save. | cted at the time you complete your registration, you |
| Contact 1 Enter contact details. Registra | tion communications will be | sent to this contact. | | |
| First Name Todd | | Last Name Tester | Job Title Tester | |
| Emell test@123.com | |] | | |
| Country. US | Metbile +1 573 888 9999 | | | |
| Country US | Phone * +1573 888 9990 | Ext | | |
| Country US | Pax +1 | | | |
| Is this an administrative cont Administrative contact will receive gove | act? | Yes O No | | |
| Does this contact need a use User accounts will provide online access | r account? to supplier transactions and self-serv | ice tasks. @ Yes. 🔘 No | | |
| What user roles does th Assign at least 1 user role to spe | is contact need? ofly the responsibilities of the contact | | | |
| MO Supplier Self Role provides admin | Service Administrator istrator access to supplier portal | This role is able to access and maintain Company profile inform. | wan. | |
| — MO Supplier Bide | ler | | | |
| Last opdated 24 minutes ago | | | | Cancel Save Continue |



Enter Addresses

The **Addresses** screen is where you will enter your address. You will need to enter the address that is on your W-9 and can add additional addresses, such as a PO Box address.

| Supplier Registration | | | | | |
|---|--|--|-------------------------|----------------------|-----------------------|
| Addresses Enter at least one address, | | | | | 316 |
| Rease enter the city in which you reside/do to | useress in the Address Name, Note: The syste | m will not allow duplicative ad | drms names | | |
| Once all information is entered, select Continu | ue. If you need to complete your registration al | a later time, select Save. | | | |
| Address Name | What's this address used for Personal Contracts/Purchase Orde | P Several Several Consume ns 🔲 Remit To/Invoices/Pe | ayments 🗌 Solicitations | ۵ | |
| Country/Region United States | | | | • | |
| | | | | | Supplier Details |
| Address Line 1 | Address Line 2 | | Fleor / Resen / Suite | | |
| | iese: | | | | Contacts |
| City | • State | - Page | Courry | • | Addresses |
| Pestal Lode | • | Zip Calle Extension | | | Bank Accounts |
| | Garpar | | | | Products and Services |
| Ense | Copiting US | Poone #] | | Ési | Questionnaire |
| en opsens I movie per | | | | Cancel Save Continue | |

1. In the Address Name field, enter the city in which you reside/do business.

Note: The system will not allow duplicative address names.

- 2. Select at least one box for which the address will be used: **Contracts/Purchase Orders, Remit To/Invoices/Payments,** and/or **Solicitations.**
- 3. In the Country/Region field, enter the country.
- 4. In the Address Line 1 field, enter your physical address.
- 5. In the Address Line 2 field, enter the PO Box information, if applicable. This is not a required field.
- 6. In the **Floor/Room/Suite** field, enter the floor, room, or suite, if applicable. This is not a required field.

| Address 1 | | 0 |
|-----------------------------------|---|------------------------|
| Address Name Defferson City | What's this address used for? Selected best Tourpose. 2 | yments 🛛 Solicitations |
| Country/Region United States 3 | | - |
| Address Line 1 4 | Address Line 2 5 | Floor/Room/Suite 6 |
| City Jefferson City | State MO | County Cole |
| Provid Code 65101 | Zip Code Extension | |



7. In the **Postal Code** field, enter your zip code. This should auto-populate with several choices for you to choose from. Select the correct city and county associated with your zip code.

| Address Name | What's this address | i used for? Select at iase Orders | l least 1 purpose.] Remit To/Invoices/Payme | ents 🗌 Solicitat | tions | |
|---|---------------------|---|---|----------------------------------|-------------|----------|
| Country/Region United States | | | | | | • |
| Address Line 1 111 Test St. | Acldress Line 2 | | j | Floor / Room / Suit 3rd Floor | te | |
| City | ▼ State | | • | County | | • |
| 1 | equired | | Required | | | |
| Postal Code | | • Z | tp Code Extension | | | |
| 65101 Taos, Cole, MO 65101 Taos, Cole, Missouri 65101 | | Ph +1 | ane | | Ext | |
| O'sage City, Cole, MO 65101 Osage City, Cole, Missouri 65101 Jefferson City, Cole, MO | | .alden | ©03.m0.804 | Owner | | |
| 65 101 Jefferson City, Cole, Missouri | | | | | | |
| as upcated 5 minutes ago | | | | | Cancel Save | Continue |

- In the Zip Code Extension field, enter the four-digit zip code extension, if known; however, it is not required.
- Once you have entered the address information, you will be able to associate a Contact to this address by selecting the applicable checkbox.

| Which contacts are associated to this address? | | | | |
|--|-------------|------------------|--|--|
| | Todd Tester | user@example.com | | |

9. To add another address, click on Add Another Address at the bottom of the page.

| Which contacts are | associated to this address? | |
|--------------------------|-----------------------------|----------------------|
| 2 | Toby McTest | Owner |
| + Add Another A | ddress | |
| Last updated 7 minutes a | 20 | Cancel Save Continue |

10. Click on the **Pencil** icon on the right-hand side to edit the address. Only the MO Supplier Self Service Administrator will be able to edit address information.



Self-Service Supplier Registration Process

 a. If you would like to remove an address, you can click on the Trash icon adjacent to the Pencil icon. The Trash icon will appear on all addresses. Please ensure you are deleting the correct address.

| Address 2 | What's this address used for? Select at least 1 purpose | 1 🖬 |
|--|--|-----|
| Toby's Construction 001 | Contracts/Purchase Orders Remit To/Involces/Payments Solicitations | |
| Address PO BOX 000 JEFFERSON CITY, MISSOURI COLE 65102 UNITED STATES | | |

Bank Accounts

The **Banks Accounts** screen is where you will add the bank information to receive payments from the State of Missouri.

| Supplier Registration | | | | | | 4 6 |
|--|---|--|--|--|---|-----------------------|
| Bank Accounts | | | | | | |
| The State of Missouri recommends ad the United States, The State of Misso | ding Autoinsted Clears on will only acceptions | g Home (ACH) information at the). Inick account per advices | ine of supplie registration. | the State of Missouri will only accept an accour |) with a financial institution within | |
| Please enter the Address Name provid | ed on the "Addresses" | nege humbich sau would like to ee | repate this banking informa- | Im | | |
| ay setting op your ACH information w | b the State of Missour | you agree to the terms and candill | ons below. | | | |
| (W+) acknowledge that the ACH infor | mation provided heliow | ili carreci | | | | |
| (We) hereby authorize the State of M of ACH transactions to my (out) account notification from the (us) of to termina One all information has been an end | stown to inifiete credit it must comply with the alon in such time and in select Continue II you | entries to my (our) account as the 0 provision of U.S. Jaw. This authors such manner as to afford the Stare meet to complete your reportance. | econiumy forwardal institution officer in to runtum in full force of Missouri and the financia | memedianil to credit it is same such account. I (w and effect until the State of Missouri, Office of A- I institution is reasonable opportunity to act on it | e) activitiestige that the origination insistitation, has received wittlen | |
| Gank aschunt ') | | and a second | | | ū | |
| Country United States | | | • | | | |
| Branjb Norder | • | Dank | • | åeroont flumuer | | Supplier Details |
| | | - | Same | | Pile 2 | Sec. |
| Distance. | - | Account Type | - | Name an Account | | Contacts |
| - | | | | | | Addresses |
| - Automi Farni | | | | | | Hank Accounts |
| + Add Anenthin Blank Auseum | | | | | | Products and Services |
| | | | | | | |
| | | | | | | Questionnaire |
| | | | | | in the second | |

- 1. To enter your routing number in the Routing Number field, you can do it one of three ways:
 - a. Start by typing in the number in the field.
 - b. Start by typing in the name of the bank.
 - c. Click on the drop-down arrow in the **Routing Number** field and you can scroll down until you find your routing number to select. Select the correct bank and routing number from the resulting list of banks and routing numbers that will populate in the dropdown, as shown in the screenshot below.



Self-Service Supplier Registration Process

| Branch Number | Bank | Bank Branch | at the time of supplier registration. T | he State of Missouri will only accept an account with a financial institution within |
|--------------------------------|-------------------------------------|--------------------------|--|--|
| 221982389 | (AFCU) ACADEMIC FEDERAL CREDIT UNIO | N 221982389 | ce to associate this banking informat | กลา |
| 226077862 | 1199 SEIU FEDERAL CREDIT UNION | 226077862 | conditions below: | |
| 263078950 | 121 FINANCIAL CREDIT UNION | 263078950 | at the depository financial institution | named and to credit the same such account, J (We) acknowledge that the origination |
| 263079043 | 121 FINANCIAL CREDIT UNION | 263079043 | rethorization is to remain in full force re State of Missouri and the financial | and effect until the State of Missouri, Office of Administration, has received written institution a reasonable opportunity to act on it. |
| 257079033 | 167TH TFR FEDERAL CREDIT UNION | 257079033 | stration at a later time, select Save | |
| 275981909 | 1ST COMMUNITY CREDIT UNION | 275981909 | | 面 |
| 081019120 | 1ST ADVANTAGE BANK | 081019120 | - | |
| Branch Number 281580417 | - | MISSOURI CREDIT UN | ION | Account Number 0000 |
| Currency US Dollar | • | account Type Checking | 7 | Name an Account Clayton's Collision Center |
| Address Name Jefferson City | | | | |

- Once you have selected the appropriate listing for the Routing Number field, the Bank field will
 automatically populate.
 - a. If you choose to find your **Bank** before your **Routing Number**, the routing number will <u>not</u> automatically populate, and you will need to enter the routing number or find it in the dropdown list, similar to Step 1, above.
- Now that you have entered your Bank and Routing Number you will need to type in your account number in the Account Number field.
- 4. In the Currency field, click the drop-down arrow and select "US Dollar".
- 5. In the Account Type field, choose your account type using the drop-down arrow.
- In the Name on Account field, enter the name that is on the account. This will either be your name or the business name.

| Country United States | | • | | |
|--------------------------------|-------------------------------|---|-------------|----------|
| Branch Number 281580417 | Bank MISSOURI CREDIT UNIÓN | Account Number OOOD | | |
| Currency US Dollar 4 | Account Tipe 5 | Name on Account Clayton's Collision Center 6 | | |
| Address Nome Jefferson City | | | | |
| + Add Another Bank Account | | | | |
| ast updated 37 minutes ago | | | Eancel Save | Continue |

7. To add a bank account, click on Add Another Bank Account.



Self-Service Supplier Registration Process

| Country United States | | • | |
|--------------------------------|--------------------------------|--|----------------------|
| Branch Number 281580417 | Bank MISSOURI CREDIT UNION | Account Number 0000 | |
| Currenty US Dollar | Account Type Checking | Name on Account Clayton's Collision Center | |
| Address Name Jefferson City | | | |
| + Add Another Bank Account | | | |
| ast updated 57 minutes ago, | | | Cancel Save Continue |

Note: The State of Missouri will only accept <u>one</u> bank account per registration or address, whichever is applicable. Please enter the **Address Name** provided on the "Addresses" screen for which you would like to associate this banking information.

8. After completing all applicable fields, select Continue in the bottom right-hand corner.

| Bank account 1 | | | 面 |
|--------------------------------|-------------------------------|---|----------------------|
| Gamiliy United States | | • | |
| Branch Number 281580417 | Benk MISSOURI CREDIT UNION | Account Number 00000 | |
| Currency US Dollar | Account Type Checking | Nieme on Account Clayton's Collision Center | |
| Address Name Jefferson City | | | |
| + Add Anullier Bank Account | | | |
| Last updated 37 minutes ago | | | Cancel Save Continue |

Products and Services

The **Products and Services** screen is where you will select solicitation opportunity categories for which you would like to receive notifications based on products/services your organization provides. The section below describes how you will identify and select categories and sub-categories that align with products/services your business provides.



Self-Service Supplier Registration Process

| Supplie | r Registration | | | | 100 | 516 |
|--|---|--|------------------------------------|-------------------------------------|------|----------------------------|
| Pro | ducts and Services | | | | | |
| If you v and/or Others Once a | with to receive solicitation opportunity notifications poste services that you or your organization provide. If you sel first, no oction is necessary, and you may proceed to the r Il information has been entered, select Continue . If you r | ed by the State of Milsouri agencies, please select the URE/SC commonly service codes tha lact a higher level Lode, you will receive bidding email notifications for the higher level code a next step in your registration. need to complete your registration at a later time, select Save. | t hest align w nd all of its so | ith the products ib level codes, | 5 | |
| Q | earch by cotegory or description | | | | | |
| | Category | Description | | | | |
| | DI 10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ALCESSORIES AND SUPPLIES | LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES | | | | |
| 0 | D 11000000 - MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS | MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS | | | | Supplier Details |
| 0 | D 12000000 - CHEMICALS INCLUDING BD CHEMICALS AND GAS MALERIAES | CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS | | | | Contacts |
| o | D 13000000 - RESIN AND RUSIN AND RUBBER AND FOAM AND FILM AND CLASTOMERIC MATERIALS | RES IN AND ROWIN AND RUBHER AND FORM AND FILM AND LLASTONE RIC MATERIALS | | | | Addresses Bank Accounts |
| | D 14000000 PAPER MATERIALS AND PRODUCTS | PAPLE MATERIALS AND PRODUCTS | | | | Products and Services |
| 0 | IS00000-FUELS AND FUEL ADDITIVES AND LUBRICANTS AND ANTI CORROSIVE MATERIALS | FUELS AND FUEL ADDITIVES AND LUBRICANTS AND ANTI CURROSIVE MATERIALS | | | | Questionnaire |
| Lett | myd 110; | | Lancel | Sava Corill | inae | |

1. To receive notifications for a specific category and all its sub-categories, check the box next to the desired category. You can select as many categories as needed.

| Category | Description |
|--|--|
| ► D 10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES | LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES |
| ► 11000000 - MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS | MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS |
| I 12000000 - CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS | CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS |
| ▶ □ 13000000 - RESIN AND ROSIN AND RUBBER AND FOAM AND FILM AND ELASTOMERIC | RESIN AND ROSIN AND RUBBER AND FOAM AND FILM AND ELASTOMERIC MATERIALS |



- 2. To only receive notifications from a sub-category within a parent category, click on the triangle next to a folder to view sub-categories. **Check the boxes** next to categories or sub-categories for which you would like to receive notifications on bidding opportunities.
 - a. If a triangle is present next to a sub-category folder, more sub-categories are also available within that folder.

Note: Solitiation invitations based on UNSPSC codes that you selected will be generated with a future release of the MOVERS system.

| | Category | Description |
|---|---|---|
| | 10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES | LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES |
| | 10100000 - LIVE ANIMALS | LIVE ANIMALS |
| | □ 10101500 - LIVESTOCK | LIVESTOCK |
| | I0101501 - CATS | CATS |
| 2 | E 10101502 - DOGS | DDGS |
| | 10101504 - MINK | MINK |
| | ■ 10101505 - RATS | RATS |
| | 10101506 - HORSES | HORSES |

3. Click Continue.

| Supplier | Registration | | | | |
|--|---|--|--|--|--|
| Prod | lucts and Services | | | | |
| lf you wis and/or s Otherwis Once all | sh to receive solicitation opportunity notifications poste ervices that you or your organization provide. If you sel e, no action is necessary, and you may proceed to the r information has been entered, select Continue . If you r | ed by the State of Missouri agencies, please select the UNSPSC commodity/service codes that best align with the products ect a higher level code, you will receive bidding email notifications for the higher level code and all of its sub level codes. next step in your registration. need to complete your registration at a later time, select Save . | | | |
| Q Se | arch by category or description | | | | |
| 2 selecte | ed View Selected Clear Selected | | | | |
| | Category | Description | | | |
| | ▶ D 10000000 - LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES | LIVE PLANT AND ANIMAL MATERIAL AND ACCESSORIES AND SUPPLIES | | | |
| | ► D 11000000 - MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS | MINERAL AND TEXTILE AND INEDIBLE PLANT AND ANIMAL MATERIALS | | | |
| | ▼ □ 12000000 - CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS | CHEMICALS INCLUDING BIO CHEMICALS AND GAS MATERIALS | | | |
| | | EXPLOSIVE MATERIALS | | | |
| □ | | EXPLOSIVES | | | |
| | 12131501 - DYNAMITE | DYNAMITE | | | |
| | 12131502 - EXPLOSIVE CARTRIDGES | EXPLOSIVE CARTRIDGES | | | |
| Less i poete | ki i minutes ago | Cancel Save Continue | | | |



Questionnaire and Application Submission

The **Questionnaire** screen is where you will be asked a series of questions and be able to submit your registration.

| MissouriBUYS | |
|---|-----------------------|
| State of Missouri | |
| And Film ReSources | 614 |
| Questionnaire | -10 |
| GENERAL 🖉 Server (1779) – Erik 1700 – Kolffele 2006 – Sikfmale 700 – 2007 Skolffele vol. Hekst2006 – Vol. Haast2006 – Sikt 2006 – Sikfmale 700 – 2007 Skolffele vol. Hekst2006 – Vol. Haast2006 – Sikter 2006 – 2007 Skolffele vol. Hekst2006 – Vol | |
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| n n Dam | |
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| | Supplier Details |
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| a het | Adduction |
| (* le ra) | flars Arcisiats |
| Erd of Simitan 1949 | Products and Services |
| Hara L Sar Is in | Questionnaire |
| | |
| | |

- 1. For question number 1, select **Yes** or **No** stating whether you or an immediate family member have ever been in the US Armed Forces.
- For question number 2, select Yes or No stating whether or not you would like to be included on the State of Missouri's 24-hour Emergency Supplier List. If you select Yes, you will need to complete the following information in steps (3a – 3e) in the below the screenshot. If you select No, you can skip steps 3a – 3e.

Note: By indicating you wish to be listed on the State of Missouri's 24-hour Emergency Supplier List, participating suppliers are registered to provide disaster assistance in the event of an emergency. It is estimated that this emergency assistance could be required for up to eight (8) weeks or until regular contracting/bidding procedures could be followed. In the event your services would be required, response time is very critical. Response to the agency within two (2) hours may be necessary as delivery of goods or services at the emergency location within four (4) hours may be required. For some classes or types of work, you may be required to provide proof of the appropriate insurance (general liability, professional liability, other non-professional liability, crime, errors and omissions liability, etc.) to be included on the emergency supplier list. This will ensure that your company can begin work immediately upon receiving a call from agency staff in case of an emergency.



| Self-Service Supp | lier Registration | Process |
|-------------------|-------------------|---------|
|-------------------|-------------------|---------|

| Emergency Conta | ict Name |
|--|--|
| Required | |
| | |
| | and a set |
| 2.a.2. Emergency Co | ontact Email |
| Required | |
| | |
| 2.a.3. Confirm Emer | gency Contact Email |
| | |
| Dequired | |
| Required | |
| Required | |
| Required | ntact Phone(10 digits, no spaces or hyphens) |
| Required 2.a.4. Emergency Co | ntact Phone(10 digits, no spaces or hyphens) |
| Required 2.a.4. Emergency Co Required | ntact Phone(10 digits, no spaces or hyphens) |
| Required 2.a.4. Emergency Co Required 2.a.5. Confirm Emer | entact Phone(10 digits, no spaces or hyphens) |
| Required 2.a.4. Emergency Co Required 2.a.5. Confirm Emer | ontact Phone(10 digits, no spaces or hyphens) gency Contact Phone |

- a. In the Emergency Contact Name field enter your emergency contact name.
- b. In the Emergency Contact Email field, enter your emergency contact email.
- c. Confirm your email by re-entering it.
- d. In the **Emergency Contact Phone** field, enter your phone number starting with your area code without spaces or hyphens.
- e. Confirm your phone number by re-entering it without spaces or hyphens.
- In the screenshot below, you will see the different zones in the State of Missouri where the supplier will provide supplies and/or services.

Note: If you see a circle next to the zone, it means that it is not completed, only half completed.

- a. If your organization operates only in select locations of the State of Missouri, please select Yes on the specific zone where you are available to provide products and/or services.
- b. If you support statewide products and/or services, please select Yes on all zones.



| | NURTHEAST ZUNE | NORTHWEST ZONE | OZARK ZONE | SOUTHEAST ZONE | SOUTHWEST ZONE | ST. LOUIS ZONE |
|---|-------------------------------|------------------------------|------------------------|-------------------------------|--------------------------------|---------------------------|
| LOUIS ZONE @ (Section 9 of 9) | | | | | | |
| | | | | | | |
| . If your company operates in arren, Washington] | St. Louis Zone, please select | Yes. (St. Louis Zone consist | s of the following cou | nties: Crawford. Franklin, Je | fferson, Lincoln, St. Charles, | , St. Louis, St. Louis Ci |
| | | | | | | |
| | | | | | | |
| a. Yes | | | | | | |

- 4. Click Submit to submit your registration.
- 5. Once you have submitted your registration application, you will be redirected to a "Success" page stating, "Your registration request *#####* was submitted."





6. If your registration has been successfully submitted, you will receive a system notification via email confirming your business relationship is *Prospective*. If your registration has not been successfully submitted, you will receive a system notification requesting additional information. Once your registration is complete and approved by the State of Missouri, your business relationship will be *Spend Authorized* in MissouriBUYS, powered by MOVERS. For questions, please contact <u>MissouriBUYS@mo.gov</u>.

Below is an example of the system notification you will receive if your registration has been successfully submitted as *Prospective*.

| | MissouriBUYS | | |
|--|---|--|--|
| Your Supplier Registration Request has | been submitted successfully as Prospective. | | |
| Request Details | | | |
| Request Number | 23010 | | |
| Request Date | 04/25/2024 | | |
| Requested By | Clayson Smith | | |
| Supplier | Clayton's Collision Center | | |
| User account information will be sent in a separate notifi While your regulation is under review by the State of M . Manage wax sppline profile. 2. COMING SOOR: Receive solicitation investions ba 3. COMING SOOR: Receive solicitation investions ba | lation Issouri Suppler Management Team, you can: Ised on your UNSPSC code registration. | | |
| Once your Prospective registration request is fully appro- | ved, you will reserve a Spand Authorization approval notification | | |
| Please DO NOT REPLY to this notification. | | | |
| Need Assistance? Supplier Management Team State of Missouri Monday-Erday 8 a.m. to 5 p.m. CT (excluding state hold 277 725 -021 Missouri/COlone and Assistance hold | 16ept) | | |



Below is an example of the system notification you will receive if your registration has <u>not</u> been successfully submitted and additional information is required.

Note: Please add <u>ewqg-test.fa.sender@workflow.g1mail.us8.oraclecloud.com</u> to your safe sender list to prevent system notifications from MOVERS going to your junk or spam folder.

| Missouribuys POWERED BY MOVERS | | | | | |
|--|---|--|--|--|--|
| Your supplier registration requ | est requires additional information. | | | | |
| Request Details | | | | | |
| Request Number | 28001 | | | | |
| Request Date | 06/25/2024 | | | | |
| Requested By | John Owens | | | | |
| Supplier | Dynamic Groups | | | | |
| Reason for Additional Information | nation Please provide Taxpayer ID. | | | | |
| tesubmit your registration request using the notification. | link: Update your supplier registration request. You will have to use the same email address to which you received this | | | | |
| | | | | | |
| Please DO NOT REPLY to this notification. | | | | | |
| leed Assistance? | | | | | |
| upplier Management Team State of Misso | uri | | | | |
| Nonday-Friday 8 a.m. to 5 p.m. CT (excludi | ng state holidays) | | | | |
| 73-751-2971 MissouriBUYS@mo.gov | | | | | |



| Date of Change | Page # | Type of Change | Level of Impact | Description | |
|-------------------|----------|-------------------|--------------------|--|--|
| 7/8/2024 | 18,19,20 | Screenshot Update | Moderate | Updated all screenshots below step 5 of the Questionnaire and Application Submission section. | |
| 7/8/2024 | 19 | Verbiage Update | Moderate | Moved the "Prospective" system notification screenshot above the other "additional information" system notification and included verbiage explaining the screenshot. | |
| 7/8/2024 | 3 | Verbiage Update | Moderate | Updated Step 1 verbiage. | |
| 7/8/2024 | 3,4 | Verbiage Update | Moderate | Updated Step 4 verbiage and added a note. | |
| 7/8/2024 | 4 | Verbiage Update | Low | Moved note from Step 8 to Step 7. | |
| 7/8/2024 | 5 | Verbiage Addition | Moderate | e Added sub-steps to Step 9c. | |
| 7/8/2024 | 20 | Verbiage Addition | Low | Addd clarifying text above updated screenshot. | |