**STEP 1: PARTICIPANT 1/DEPARTMENT**

Click continue to initiate the form. Complete the top required section of the form. Click Next. Click to sign the form, enter your name, and click apply. Enter your email address and click to sign.

**PAYEE DATA RECORD**

(Required when receiving payment from Cal State LA and Affiliated Authorities, required in lieu of 570 244-016 W-9)

<table>
<thead>
<tr>
<th>Payee Type</th>
<th>Supplier</th>
<th>Employee</th>
<th>Student</th>
<th>Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DBA or Sole Proprietor Owner’s Full Name (Last, First, M.I.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Extension</td>
<td>Company/Web Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address (Street No. or P.O. Box No.)</td>
<td>Remittable Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
<td>Remittable City, State, ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you a current or former Cal State University/Auxiliary Employee? ○ YES ○ NO

Type of Business: ☐ Service ☐ Commodity ☐ Fee or Grant Business

Type of Service/Commodity:

Type of Payment Accepted: ☐ ACH/EFT ☐ CREDIT CARD

Please check all applicable:

- Equipment/Supplies
- Rent
- Royalties
- Other Services/Non-Med
- Reinbursement
- Medical Services
- Attorney Fees
- Equipment/Medical Supplies
- Legal Settlement

**Request For: Campus or Auxiliary** (Is Supplier doing business with the Campus or an Auxiliary?)

**GIA: Grant in Aid** (Athletics Use Only)

**STEP 2:**

Participant 1 will be prompted to enter the name and email address of Participant 2/Payee. Click to sign.

**STEP 3:**

Participant 1 must verify their email address before the system notifies Participant 2. Check your campus email from Adobe Sign and confirm your email address.

**Just one more step**

We just emailed you a link to make sure it’s you. It’ll only take a few seconds, and we can’t accept your signature on “CSULA Payee Data Record Form” until you’ve confirmed.
STEP 4: PARTICIPANT 2/PAYEE

An email is sent from One-Stop Financial Services to Participant 2 to click, review, and sign the form.
STEP 5:
Click continue and complete the sections with the form’s required and optional fields based on the selected payee type. Click Next. Click to sign the form, enter your name, and click apply. Click Next. Enter your email address and Click to Sign.
Please note: Do not complete the Payee Data Form if you are not the Authorized Payee Signer. To route the form to the Authorized Payee Signer, select Options on the left side, then select “Delegate signing to another.”

STEP 6: PARTICIPANT 3/ONE-STOP FINANCIAL SERVICES

An email is sent to One-Stop Financial Services to review and sign the form. OSFS Staff will review the payee data form, validate, and enter the information received in the PeopleSoft Common Financials System. OSFS will create the Supplier ID, sign, and finalize the form. An email of the completed form will be sent to all signers on the form.