



UNIMARKET SUPPLIER CREATION REQUEST

INTERNAL PROCESS FORM ONLY – NOT FOR EXTERNAL DISTRIBUTION

REQUESTED BY

NAME:

DATE:

UNIT:

This form is to be used to request a supplier be created in Unimarket. Please note that all requests will go through a review process and not all requests will be approved for the supplier to be created. To protect CSU and its Suppliers, the fields indicated with a # require supporting documentation from the Vendor to be included with this form.

To attach a file to this form, save your attachment as a PDF, select Comment > Attach file (paperclip icon) select this tool and the pin will appear, move cursor/pin to the attachments area, to the right of the section you need to attach the file to and click and then you will be prompted to select a file to attach. When you have selected your file click OK.

Part 1. SUPPLIER DETAILS										Attachments	
# ABN										If the supplier does not have and ABN they will need to provide a statement by supplier declaration with their invoice/s if you have a copy of this now, please attach.	
a. Legal Entity Name on ABN					b. Registered Business Name						
c. Individual's Name					Name which will appear on invoices			<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c.			
Purchasing Address Details					Supplier Purchasing Contact Name						
Street Address			City			State					
Postcode		Country		Phone		Email for orders					
Payment Address Details					Our account Number with the supplier						
Street Address			City			State					
Postcode		Country		Phone		Email for remittance advices					
Bank Details											
Please ensure that Bank Details are attached and that a remittance email address has been provided. Forms can be found on the Finance Website											
Additional Information											
Reason for supplier creation <i>Must be completed</i>											
Tags to be associated with this supplier <i>Select as many as appropriate</i>		<input type="checkbox"/> Accounting & Auditing Services <input type="checkbox"/> Accommodation <input type="checkbox"/> Advertising <input type="checkbox"/> Agricultural Providers <input type="checkbox"/> Audio Visual <input type="checkbox"/> Awards <input type="checkbox"/> Building & Hardware Supplies <input type="checkbox"/> Building Specialists <input type="checkbox"/> Building Services <input type="checkbox"/> Catering Services <input type="checkbox"/> Cleaning Services <input type="checkbox"/> Conference & Seminar Providers <input type="checkbox"/> Clothing Supplies <input type="checkbox"/> Donations & Sponsorship <input type="checkbox"/> Department Stores <input type="checkbox"/> Examination Services <input type="checkbox"/> Facilities Maintenance <input type="checkbox"/> Financial Services <input type="checkbox"/> Government Services <input type="checkbox"/> Health Providers <input type="checkbox"/> Hospitality Suppliers <input type="checkbox"/> IT Consultants & Contractors <input type="checkbox"/> IT Hardware Suppliers <input type="checkbox"/> Insurance Services <input type="checkbox"/> Internal Suppliers <input type="checkbox"/> Library Providers <input type="checkbox"/> Legal Services <input type="checkbox"/> Logistics Providers (Freight) <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Office Equipment <input type="checkbox"/> Office Furniture <input type="checkbox"/> Paper <input type="checkbox"/> Professional Services <input type="checkbox"/> Practicum Supervision <input type="checkbox"/> Photographic Providers <input type="checkbox"/> Printing Services <input type="checkbox"/> Postal Services <input type="checkbox"/> Research Providers <input type="checkbox"/> Schools <input type="checkbox"/> Scientific Providers <input type="checkbox"/> Specialty Suppliers <input type="checkbox"/> Stationery Suppliers <input type="checkbox"/> Students <input type="checkbox"/> Software Providers <input type="checkbox"/> Telecommunications <input type="checkbox"/> Veterinary Suppliers									
Search terms you want associated with this supplier											
Part 2. DFM SUPPLIERS										Endorsement	
a. Is this supplier a Division of Facilities Management (DFM) provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer b. below.											
b. Is this supplier on the DFM Endorsed Provider List? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please contact DFM Procurement and Risk Management to get their endorsement before submitting this form.											
Part 3. CHECKLIST Have you completed and/or attached the following:											
<input type="checkbox"/> Requested by	<input type="checkbox"/> ABN number & attachment	<input type="checkbox"/> Supplier Name/s & attachment/s	<input type="checkbox"/> Name on Invoice	<input type="checkbox"/> Purchasing & Payments address & email	<input type="checkbox"/> bank account attachment	<input type="checkbox"/> DFM endorsement if necessary					