



May 26, 2021

**TO:** Business and Accounting Administrators  
Los Angeles County K-12 School and Community College Districts, and  
Other Local Educational Agencies

**FROM:** Jenny Zermeño, Disbursements and Financial Systems Manager  
Accounting and Financial Services  
Division of School Financial Services

**SUBJECT:** Commercial Claims Processing Update– Requests for Global Vendor Set Up and  
Changes in PeopleSoft Financials

**Purpose and Background**

The Los Angeles County Office of Education (LACOE) is reissuing Bulletin #4291 dated January 28, 2016, to remind agencies of correct Fund/Object code combination for Global Vendors and how to request vendor set up and changes. For agencies currently using BEST Advantage – Financial (FIN) system and Wave 3 agencies please refer to Bulletin #[5021](#) for instructions on how to process changes and set up Global Vendors.

**Global Vendor Designation**

A Global Vendor is a vendor who is exempt from audit and amount hold. Vendors can be established as Global Vendors for any of the following payments with the fund/object combinations:

Type of Payment	Fund Code	Object Code
Fringe Benefits	All Funds	3400-3499/3700-3799
Fringe Benefits Offsetting Accounts	All Funds	9525-9589
Utilities	All Funds	5500-5539/5550-5599/5900-5999
Employee Benefits (Self Insurance Funds)	67.x	5800-5899
Associated Student Trust Fund	71.x	5800-5899
Financial Aid	74.0	7530/7531/7550
Withholding/Payroll Liabilities	76.0	9511-9518

To ensure vouchers for Global Vendors are not held up, the vendor code used should be classified as global and the account string an allowable fund/object combination.

### **Procedures and Required Documentation to Request Global Vendor Set Up**

1. District sets up the vendor in the PeopleSoft Financial System (PSFS) with a classification of “Supplier” (S) or other applicable classification in the vendor set-up panel.
2. District completes Form G1 - Request for Global/Exempt Vendor Set Up (Attachment 1).
3. An **authorized signatory** signs the form and district sends the completed Form G1 to SFS, Commercial Claims Unit, together with a copy of a bill or letter from the vendor showing the address and the vendor name as shown in Form G1 as documentation.
4. Upon approval by SFS, the approved form with the signatures will be sent back to the district.

### **Important**

Once the vendor classification is global, the district cannot change any vendor information (i.e. address) in their system. Changes to a Global Vendor should only be done through SFS by submitting **Form G2 – Request for Action on Global/Exempt Vendor (Attachment 2)** to the Commercial Claims Unit.

Interfacing districts should not change any Global Vendor’s information via the interface process. Doing so will automatically reverse the vendor Global classification to “Supplier” and vouchers will not be exempt from audit nor amount hold.

### **Procedures and Required Documentation for Changes to a Global Vendor**

1. District completes Form G2 indicating the type of change requested. Although the form shows multiple types of changes, fill out one form for each type of change.
2. An **authorized signatory** signs the form and district forwards the completed form to SFS, Commercial Claims Unit, together with a copy of a bill or letter from the vendor showing the new address or the new vendor name as requested in Form G2.
3. Upon approval, the form will be sent back to the district.

### **Procedures and Required Documentation for a Global Exempt/EFT Vendor Set Up**

There are two set up stages for EFT payment – Associate and Confirm.

#### Associate

1. Vendor has to fill out Form 503-913 Electronic Funds Transfer (EFT) Payment Enrollment (Attachment 3).
2. Upon receipt of completed Form 503-913, authorized district personnel will “Associate” the bank with the vendor and create a 4-digit Bank Account Identification in the process.
3. District completes Form G3 - Request for Action on Global/Exempt EFT Vendors (Attachment 4) and check off the “Associate” box.
4. An **authorized signatory** signs the form and district forwards the completed Form G3 to SFS, Commercial Claims Unit, together with a copy of completed 503-913.
5. When approved by SFS, the approved form will be sent back to the district.

Confirm

6. When the district receives the approved “Associate” request, the district will complete another Form G3(Attachment 4), this time checking off the “Confirm” box.
7. The completed form should be signed by an **authorized signatory** and sent to SFS, Commercial Claims Unit, together with the approved “Associate” form.
8. When approved by SFS, the form with approving signatures, will be sent back to the district.
9. After confirmation, the EFT setup for the Global Vendor is complete.

**Procedures and Required Documentation to change a bank account on Global Exempt/EFT Vendor**

The procedures to change a bank account are the same as the procedures in setting up EFT payment, except the district will check the “Change” box in Form G3 (Attachment 4).

The Global Vendor forms may be accessed here: [www.lacoe.edu/commercialclaims](http://www.lacoe.edu/commercialclaims), select appropriate form under “Documents & Forms”.

Should you have any questions regarding this bulletin, please contact Edgar Estrada at (562) 922-6633 or via e-mail at [Estrada\\_Edgar@lacoe.edu](mailto:Estrada_Edgar@lacoe.edu).

Approved:  
Nkeiruka Benson, Director  
Division of School Financial Services

JZ:lt  
Attachments

SFS-A63-2020-2021



Division of School Financial Services  
**REQUEST FOR GLOBAL/EXEMPT VENDOR SET-UP**  
(Form G1)

DATE	DISTRICT NUMBER	DISTRICT NAME
VENDOR ID		VENDOR NAME

Please establish the above vendor as Global/Exempt: *(Provide exact description as entered in PeopleSoft)*

NAME 1		
NAME 2		
SHORT NAME		
ADDRESS 1		
ADDRESS 2		
CITY	STATE	ZIP CODE

Vendors may be established as Global **ONLY** for payment of any of the following *(Choose one)*:

Type of Payment	Fund Code	Object Code
<input type="checkbox"/> Fringe Benefits	All Funds	3400-3499/3700-3799
<input type="checkbox"/> Fringe Benefits Offsetting Accounts	All Funds	9525-9589
<input type="checkbox"/> Utilities	All Funds	5500-5539/5550-5599/5900-5999
<input type="checkbox"/> Employee Benefits (Self Insurance Funds)	67.x	5800-5899
<input type="checkbox"/> Associated Student Trust Fund	71.x	5800-5899
<input type="checkbox"/> Financial Aid	74.0	7530/7531/7550
<input type="checkbox"/> Withholding/Payroll Liabilities	76.0	9511-9518

PRINTED NAME AND TITLE OF AUTHORIZED SIGNATORY		DISTRICT AUTHORIZED SIGNATURE	
DISTRICT CONTACT NAME	DISTRICT SECTION/CONTACT NUMBER	DISTRICT CONTACT EMAIL ADDRESS	

For Commercial Claims Unit use only	
PROCESSED BY	
SIGNATURE	DATE
APPROVED BY: ASST. DIRECTOR-ACCOUNTING OR DESIGNEE	
SIGNATURE	DATE

For HRS-Operations Unit use only	
PROCESSED BY	
DATE	
DATE SENT TO DISTRICT	

Send completed form with proof of vendor name and address (i.e. letter or bill from vendor) to:

Division of School Financial Services  
Commercial Claims Unit  
Los Angeles County Office of Education  
9300 Imperial Highway, Downey, CA 90242  
Fax: (562) 922-6365



**Los Angeles County  
Office of Education**  
Leading Educators • Supporting Students  
Serving Communities

**Los Angeles County Office of Education  
Division of School Financial Services  
REQUEST FOR ACTION ON GLOBAL/EXEMPT VENDORS  
(Form G2)**

Date: \_\_\_\_\_

DISTRICT NUMBER	DISTRICT NAME
VENDOR ID	VENDOR NAME

**A.**  **Inactivate Vendor**                      Effective Date: \_\_\_\_\_

<b>B.</b> <input type="checkbox"/> <b>Vendor Name Change</b>		
	<b>From</b>	<b>To</b>
Name 1:		
Name 2:		
Alternate Name:		
Short Name:		

<b>C. Vendor Address Change</b>		
	For Address#: _____	
<input type="checkbox"/> <b>Inactivate Address</b>	<input type="checkbox"/> <b>Change Address</b>	<input type="checkbox"/> <b>Add Address</b>
	<b>From</b>	<b>To</b>
Address 1:		
Address 2:		
Address 3:		
Address 4:		
State, ZIP Code:		

<b>D. Other Changes</b>		
	<b>From</b>	<b>To</b>
<input type="checkbox"/> <b>Payment Terms</b>		
<input type="checkbox"/> <b>Other (Please describe)</b>		

PRINTED NAME AND TITLE OF AUTHORIZED SIGNATORY		DISTRICT AUTHORIZED SIGNATURE	DATE
DISTRICT CONTACT NAME	DISTRICT SECTION/CONTACT NUMBER	DISTRICT CONTACT EMAIL ADDRESS	

<b>For Commercial Claims Unit use only:</b>	
PROCESSED BY	
SIGNATURE	DATE
APPROVED BY ASST. DIRECTOR-ACCOUNTING DESIGNEE	
SIGNATURE	DATE

<b>For HRS-Operations Unit use only:</b>
PROCESSED BY
DATE
DATE SENT TO DISTRICT

Send completed form with proof of vendor name and address (i.e. letter or bill from vendor) to:

Division of School Financial Services Commercial Claims Unit  
Los Angeles County Office of Education  
9300 Imperial Highway, Downey, CA 90242  
Fax: (562) 922-6365



# Electronic Funds Transfer (EFT) Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the PeopleSoft Financial System by the Los Angeles County Office of Education. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

### PRIVACY ACT STATEMENT

The following information is provided to comply with Privacy Act of 1974. All information collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Los Angeles County Office of Education to transmit payment data, by electronic file transfer to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

### ACCOUNT VALIDATION

For the purpose of EFT payments, vendors are requested to ensure the account specified on this enrollment form remains active. Vendors shall notify the appropriate party(s) for any changes related to the ability of the specified account to receive ACH payment.

- Vendors complete Sections I and II.
- Financial Institutions complete Section III.
- Local Educational Agencies complete Section IV.

### Section I - Please check appropriate box(es).

New EFT Account     
  Change in Bank Account or Mailing Address or Contact     
  Delete EFT Account

### Section II

#### PAYEE/COMPANY INFORMATION

NAME OF PAYEE/COMPANY	FEIN
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ADDRESS OF PAYEE/COMPANY (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

NAME OF CONTACT PERSON	TELEPHONE NUMBER (     )
------------------------	-----------------------------

I hereby authorize the Los Angeles County Office of Education to initiate credit entries for vendor payments to the account indicated below, and the depository named below is authorized to credit such account. Pursuant to the National Automated Clearing House Association rules, the Los Angeles County Office of Education may initiate a reversing entry or reversing file to recall a duplicate or erroneous entry or file which they previously initiated. If the reversal attempt fails, the Los Angeles County Office of Education may employ other appropriate means to correct the error.

AUTHORIZED SIGNATURE	DATE SIGNED
TITLE	

### Section III

#### FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION

ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

NAME OF ACH COORDINATOR (PLEASE PRINT)	TELEPHONE NUMBER (     )
----------------------------------------	-----------------------------

NINE DIGIT ROUTING TRANSIT NUMBER:	TYPE(S) OF ACCOUNT <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
------------------------------------	------------------------------------------------------------------------------------------

DEPOSITOR ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS)

**Section IV**

LOCAL EDUCATIONAL AGENCY INFORMATION		
NAME OF AGENCY	FEIN	
ADDRESS OF AGENCY (NUMBER, STREET, CITY, STATE, AND ZIP CODE)		
NAME OF CONTACT PERSON	FAX NUMBER (     )	TELEPHONE NUMBER (     )

**INSTRUCTIONS FOR COMPLETING ENROLLMENT FORM**

**1. Section I - Desired Activity**

Payee checks the box indicating the desired action, e.g. **ADD**, **MODIFY**, or **DELETE**

**2. Section II - Payee/Company Information Section**

Payee prints or types the name of the payee/company and address that will receive ACH vendor payments, Federal Employer ID (FEIN), designated contact person and assigned telephone number.

**3. Section III - Financial Institution Information Section**

Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/ company) account title and account number. The financial institution also enters type of account to be used, e.g. checking or savings into the appropriate box.

Footnote - A voided check or savings deposit slip may be required by the Local Educational Agency for the verification of bank account and routing transit numbers. An example of a voided check, shown below, indicates where to locate the routing transit number for your bank and your bank account number. Remember to mark the word "VOID" across the front of your check or savings deposit slip.

ABC Business 1001

Address \_\_\_\_\_, 20\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Any Bank

Memo: \_\_\_\_\_

(1) 1:133404567

(2) 1:1234561304 111

(3) 1001

(3) Check number

(2) Bank Account Number  
(not to exceed 17 digits)

(1) 9-digit Routing Transit Number

VOID

Not Negotiable

**4. Section IV - Local Educational Agency Information Section**

Local Educational Agency types or prints name and address of the agency and provides contact information.



Division of School Financial Services  
**REQUEST FOR ACTION ON  
GLOBAL/EXEMPT EFT VENDORS**  
(Form G3)

DATE	BANK CODE	ACCOUNT CODE
DISTRICT NUMBER	DISTRICT NAME	
VENDOR ID	VENDOR NAME	

A.  **Associate** the ACH Bank Account for the Global Vendor above: (Attach completed Form 503-913)

<b>Bank Account established (by District) in PeopleSoft for this Vendor</b>	
BANK NAME	BANK ACCOUNT NUMBER
DESCRIPTION (SHOULD MATCH VENDOR NAME)	

B.  **Confirm** Global Vendor Bank Account (only if the setup in Step A is completed earlier):  
(Attach copy of the original approved "**Association**" request Form G3)

C.  **Un-Confirm** Global Vendor Bank Account (the default payment method for this Vendor will revert back to Warrant Payment Method) (Attach copy of the original approved "**Confirmation**" request Form G3)

BANK CODE	ACCOUNT CODE
BANK NAME	BANK ACCOUNT NUMBER

D.  **Change** Global Vendor Bank Account (follow-up with a pre-confirm payment):

<b>From:</b>	
BANK CODE	ACCOUNT CODE
BANK NAME	BANK ACCOUNT NUMBER
<b>To:</b>	
BANK CODE	ACCOUNT CODE
BANK NAME	BANK ACCOUNT NUMBER

PRINTED NAME AND TITLE OF AUTHORIZED SIGNATORY	DISTRICT AUTHORIZED SIGNATURE	DATE
DISTRICT CONTACT NAME	DISTRICT SECTION/CONTACT NUMBER	DISTRICT CONTACT EMAIL ADDRESS

<b>For Commercial Claims Unit use only</b>	
PROCESSED/DENIED BY	
SIGNATURE	DATE
REASON FOR DENIAL:	
APPROVED BY: ASST. DIRECTOR-ACCOUNTING OR DESIGNEE	
SIGNATURE	DATE

<b>For HRS-Operations Unit use only</b>	
PROCESSED BY	
SIGNATURE	DATE
DATE MAILED TO DISTRICT	
SIGNATURE	DATE

Send completed form to:  
Division of School Financial  
Services Commercial Claims Unit  
Los Angeles County Office of Education  
9300 Imperial Highway, Downey, CA 90242  
Fax: (562) 922-6365