San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

MEMORANDUM

To: Prospective Suppliers

From: Purchasing & Contract Services

Re: Supplier Onboarding Process

Thank you for your interest in doing business with the San Diego Community College District ("District"). The District values partnerships with qualified supplier that support the District's operational, instructional, and student success goals.

To ensure compliance with applicable procurement and Accounts Payable requirements, all suppliers providing goods or services to District, must complete the supplier onboarding process outlined below.

1. Submit Required Documentation
    a. Complete a Supplier Intake Form
    b. Provide a current, signed and completed, W-9 Form
    c. Review and acknowledge the Accounts Payable Supplier Invoice Submission Guide
    d. Complete the ACH Payment Form ***(Optional)***

2. Register with PlanetBids as a District Supplier ***(Optional)***
    If you would like to receive notifications regarding upcoming solicitations and procurement opportunities with the District, registration with PlanetBids is highly recommended. Registration can be completed at the following link: ***https://vendors.planetbids.com/portal/57760/portal-home***

    Suppliers are highly encouraged to regularly monitor the District's sonication portal for current opportunities.

Please note that supplier registration and onboarding do not guarantee the award of business. Additionally, Suppliers are not authorized to begin work, provide services, or deliver goods until an official District Purchase Order has been issued.

If you have any questions regarding the supplier onboarding process, please contact Purchasing & Contract Services at 619.388.6562 for assistance.

Thank you!

Purchasing & Contract Services

San Diego Community College District

SUPPLIER APPLICATION

- Completion of this form is required to collect information necessary for payment processing for goods/services rendered.
- A valid **2024 IRS Form W-9** is required for all new suppliers, except for **employees**, **students**, or **existing suppliers requesting an address change only**.
- Supplier must disclose to District if Supplier has retired from the California State Teachers' Retirement System ("CalSTRS") or the California Public Employees' Retirement System ("CalPERS"). Pursuant to California Education Code Section 24214 and 24214.5, there are postretirement limitations on earnings if Supplier has retired from CalSTRS and hours worked limitations if Supplier has retired from CalPERS. If Supplier has retired from either CalSTRS or CalPERS, Supplier should be aware that the District is required to report all payments under this and any additional Agreements in any given year (July 1 – June 30).

☐ **NEW SUPPLIER** ☐ **EXISTING SUPPLIER** ☐ **EMPLOYEE** ☐ **STUDENT** ☐ **Former SDCCD Employee/CalPers Recipient**		
SUPPLIER INFORMATION — Existing Supplier/Student ID #: _____		
Legal Business Name		
Doing Business As (DBA)		
PHYSICAL ADDRESS (MAILING)	**PAYMENT REMITTANCE ADDRESS**	
☐ Change of Address Address: _____ Address: _____ City: _____ State: ____ Zip: _____	**☐ Same as mailing address** Address: _____ Address: _____ City: _____ State: ____ Zip: _____	
Purchase Order (PO) Delivery Email Address		
Primary Contact Name		
Primary Contact Title		
Primary Contact Phone Number		
Description of Commodity	☐ Goods ☐ Services	Are your products or services taxable in CA? ___

BUSINESS CERTIFICATION INFORMATION			
Business Certification	**Check all that apply**	**Certifying Agency**	***Certification number**
Small Business Enterprise (SBE)	☐		
Minority-Owned Business Enterprise (MBE)	☐		
Woman-Owned Business Enterprise (WBE)	☐		
Disabled Veteran Business Enterprise (DVBE)	☐		
Other Business Enterprise	☐		
None of the above	☐		

The District requires Net 30 Payment terms when placing orders. If your company requires credit terms to be established, please notify the SDCCD Purchasing and Contracts department at purchase@sdccd.edu or 619.388.6562.

Rev. 11/17/2026

COMPLETE THE FOLLOWING:

_____ **Federal Tax Form W-9 (2024 version)**

_____ **Supplier acknowledges SDCCD invoice submission requirements**

SAN DIEGO Community College District | Be. Belong. Become.

San Diego Community College Accounts Payable

Invoice submission guidelines

The San Diego Community College District's Accounts Payable has converted to Optical Character Recognition (OCR) software and the Perceptive Content document management system. To ensure that the OCR system could complete the process, key data points must be present on invoices such as supplier/vendor name and address, invoice number and date, Purchase order (PO) number, line-item details, freight, taxes, tariffs and total amount due.

New invoice submission guidelines

- Send invoice to APinvoice@sdccd.edu.
  - One invoice per e-mail
  - PDF format
  - Current PO must be listed in the invoice
  - Combine the invoice and supporting document in a single PDF file with the invoice as the first page
  - Do not send the same invoice multiple times
  - Do not copy the Accounts Payable team
- Do not send the following documents to APinvoice@sdccd.edu e-mail address
  - Statements
  - Quotes
  - Receipts
  - Copies of Purchase Orders (PO)
  - Inquiries or other types of communications

- **Send your questions or inquiries to APinquiry@sdccd.edu**

For questions regarding HH project invoices, please contact your OESF representative or call 619-388-6546

SAN DIEGO
Community College District

3375 Camino del Rio South, Rm 210
Attn: Accounts Payable
San Diego, CA 92108-3883
(619) 388-6761

Agreement: ACH Authorization for SDCCD Transactions

This **Agreement** governs ACH transactions initiated by San Diego Community College District (SDCCD) to credit or charge the **Company** indicated below. Both parties agree to be bound by NACHA Operating Rules as they pertain to all ACH transactions initiated by SDCCD that credit or debit the **Company** bank account listed below, and acknowledge that the origination of ACH transactions to the listed account must comply with provisions of U.S. law.

This **Agreement** provides authorization for individual or recurring SDCCD transactions to be initiated by SDCCD when individually authorized using the methods designated below. This **Agreement** will remain in effect until **Company** cancels it in writing.

Please complete the information below:

Company Name _____ **(Company)**

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Company Name on Account: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing #: _____

Bank City/State: _____

This Business Bank Account is Enabled for ACH Transactions ☒ Yes ☐ No

I authorize SDCCD to initiate ACH Debits and Credits to the bank account indicated above, provided each transaction is initiated according to the terms of this Agreement.

SIGNATURE _____ DATE _____

NAME_____ TITLE_____

I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf. Company understands that this authorization will remain in effect until it is canceled in writing, and agrees to notify SDCCD in writing at least 15 days in advance of any changes in its account information or termination of this authorization. Company has certified that the above business bank account is enabled for ACH transactions, and agrees to reimburse SDCCD for all penalties and fees incurred as a result of Company's bank rejecting ACH credits as a result of the account not being properly configured for ACH transactions. Company acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

Please mail completed form to:
SDCCD Attn: Accounts Payable
3375 Camino Del Rio South San
Diego, CA 92108