

UW SYSTEM

Quick Reference

Summary

The State of Wisconsin makes payments to UW System for a multitude of reasons. The UW System supplier ID encompasses all 13 Universities across 26 campuses, along with a Statewide extension.

This single supplier ID (000020581) contains a maze of 447 addresses/locations to navigate.

The number of options available causes confusion and leads to other issues such as:

- Misdirected payments
- Complicated audit trails
- Delays and inefficiencies maintaining vendor files in SCO-BPS
- UW's diminished visibility/tracking incoming money and monitoring their own information in STAR.

In an effort to improve the above issues, supplier ID 000020581 will be decommissioned, and a new supplier ID will be created for each campus.

Definitions

Effective 07/01/2023 UW Supplier ID 000020581 should no longer be used on contracts, PO's, vouchers, etc..... Instead, the following Supplier IDs will be used.

Supplier ID	Supplier Name
000028500A	UW-Madison
000028500B	UW-Milwaukee
000028500C	UW-Eau Claire
000028500D	UW-Green Bay
000028500E	UW-La Crosse
000028500F	UW-Oshkosh
000028500G	UW-Parkside
000028500H	UW-Platteville
000028500J	UW-River Falls
000028500K	UW-Stevens Point
000028500L	UW-Stout
000028500M	UW-Superior
000028500N	UW-Whitewater
000028500Y	UW-System

Two locations per supplier ID:

ACH

Check

Plus DORD/DORT locations – for DOR use ONLY



State Controller's Office

Examples of UW Invoice "Identifying Remit To information":

Example #1:

University of Wisconsin - Madison Federal Work-Study Program

Invoice	INV007460	
Date	2/5/2018	
Page		
FWS ID	12345	

*** REPRINT ***

Bill To:

Dept ID:

DEPARTMENT OF ADMINISTRATION

PO BOX 7869

MADISON WI 53707-7869

Attn:

Department Contact: First Last (608) ###-###

First.Last@WISC.edu

Example #2:



Service Order Invoice

Order: Entered On:



Opioids, Stimulants and Trauma Summit

P340400-

Center for Urban Population Health

1020 N 12th St Ste 4180 Milwaukee, WI 53233 Function: Service Order

Start-End: 05/10/2022 07:00 AM - 05/12/2022 12:00 PM

Requestor: Center for Urban Population Health

Description	Start-End	Ordered	Rate	Charges	
Public Program Revenue	05/10/2022 07:00 AM - 05/12/2022 12:00 PM	94.00 EA	\$140.00 EA	\$13,160.00	

Total Amount Due: \$13,160.00

Make checks payable to UW-Milwaukee and mail with a copy of this confirmation to: School of Continuing Education

LIW-Milwaukee

Drawer No. 491

WillWaukee, WI 53293-0491



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Example #3:

Event Services W.R. Davies Center Room 240 Eau Claire WI 54702-4004

Invoice

Sponsor. User	Invoice Number:	ES2568		
First Last	Invoice Date:	7/14/2022		
Test Department	Due Date:	8/13/2022		
Davies 40	Event Name:			
Eau Claire, WI 54703	Reservation No.:	999999		
Bookings / Details		Quantity	Price	Amount
BLURAY DVD PLAYER, IN ROOM		1		
COMPUTER, IN-ROOM DESKTOP		1		
PROJECTION SCREEN, IN ROOM ELECTRIC		1		
COMPUTER, LAPTOP	1			
Includes Wireless Presenter, Power Supply, & Compute	er Bag.			
All-Inclusive Davies:				
All-Inclusive Davies		1	\$85.00	\$85.00
Less 50% Discount				-\$42.50
Includes All A/V - Labor - Building Equipment				
	A/V E	QUIPMENT - DAVIE	S	\$0.00
	All-Inc	clusive Davies		\$320.00
	Subto	otal		\$320.00
	Grand	d Total		\$320.00

Terms: Net 30 days.

Make check payable to UW Fau Claire
Send to: University of Wisconsin-Eau Claire

Davies Center 240 - Accounting

77 Roosevelt Ave. Eau Claire, WI 54701

DEPARTMENT OF ADMINISTRATION

UW System Payment Quick Reference

377.80

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Example #4:



BILL TO: INVOICE

Attn: Lynn Cloud WI Dept. of Transportation Bureau of Technical Srvs./EPDS/CRT 4822 Madison Yards Way, 5th Floor South Madison, WI 53705

DATE: 7/18/2022 EIN

ACCOUNT NO: 288999AAK5799 Net 30 Days

INVOICE NO: 4822

Description Amount

Work performed by Mississippi Valley Archaeology Center

Lit review for CTHE Jafferson County

Project ID 3500-00-00

INVOICE PERIOD: June 2022

Sincerely,

Fist Last Total Due: \$377.80

Grant Accountant

Contact Phone: (608) ###-####

Please make remittance payable to UW-La Crosse and mail to:

Attn: First Last

125 Graff Main Hall

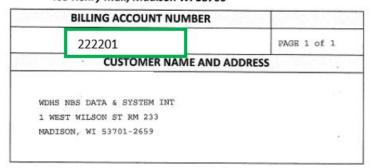
1725 State Street
La Crosse, WI 54601

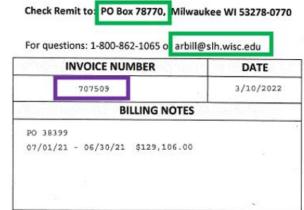


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Example #5:







--- TERMS NET 30 DAYS ----- RETURN TOP PORTION WITH PAYMENT -- PLEASE INDICATE INVOICE NUMBER ON YOUR CHECK ------

SAMPLE ID DOS	CUSTOMER SAMPLE ID ITEM (CODE)	COMMENT	QTY	AMOUNT
02/28/22	NBS Data Spec monthly Salary/Fringe (RDC00014	.01)	1	7287.67
02/28/22	NBS Data Spec Monthly Indirect (RDC00014.01)		1	1093.15
	er a		Current Charges:	\$8380.82
100			Current Adjustments:	\$0.00
			Current Voids:	\$0.00
Purchase Order-Pr	oiect #:		Invoice 707509-1 Amount:	\$8380.82

Procedures/Steps

STAR Voucher Entry:

1. Enter the following Supplier Information:

Supplier ID: (which campus does the payment go to)

Address ID:

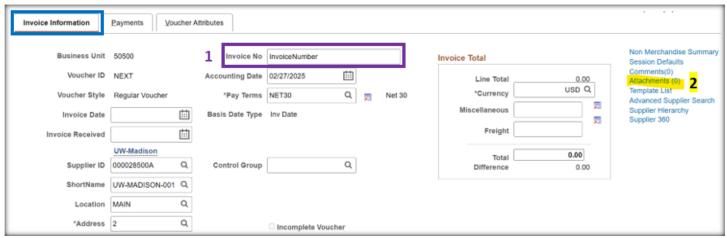
Location ID: (ACH* or Check)

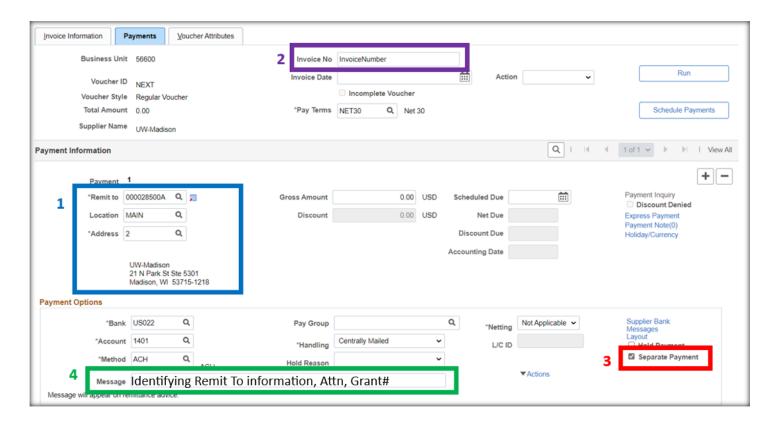
- 2. Enter the UW Invoice Number as the Invoice Number on the voucher.
- 3. Verify the Separate Payment box has been checked (it should default as checked)
- 4. Enter the Identifying Remit To information, Attn to, and brief description (e.g., grant or service) in the **Payment Message field.**
- 5. Attach a copy of the invoice to the voucher.

All other aspects of voucher entry would be the same as normal.



State Controller's Office





^{*}ACH payment is the preferred method of payment.

For crosswalk questions, including Supplier ID, address and/or locations please contact WI Vendors wivendors@wisconsin.gov

For voucher entry questions please contact SCO Accounting Services doadebfscoaccountingservices@wisconsin.gov