



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



UW System Payment Quick Reference

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	1
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:

UNIVERSITY OF WISCONSIN
UWMILWAUKEE
School of
Continuing Education

Service Order Invoice

Order: 154277
Entered On: 06/14/2022

Opioids, Stimulants and Trauma Summit |

Pay To: \$40400-

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

UW-Milwaukee
Drawer No. 491
Milwaukee, 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

First Last
Test Department
Davies 40
Eau Claire, WI 54703

Invoice Number: ES2568

Invoice Date: 7/14/2022
Due Date: 8/13/2022
Event Name:
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		
<i>Includes Wireless Presenter, Power Supply, & Computer Bag.</i>			
All-Inclusive Davies:			
All-Inclusive Davies	1	\$85.00	\$85.00
Less 50% Discount			-\$42.50
<i>Includes All A/V - Labor - Building Equipment</i>			
A/V EQUIPMENT - DAVIES			\$0.00
All-Inclusive Davies			\$320.00
Subtotal			\$320.00
Grand Total			\$320.00

Terms: Net 30 days.
Make check payable to ~~UW Eau Claire~~
Send to: University of Wisconsin-Eau Claire
Davies Center 240 - Accounting
77 Roosevelt Ave.
Eau Claire, WI 54701



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Example #4:



BILL TO:

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

INVOICE

DATE: 7/18/2022

ACCOUNT NO: 288999AAK5799

EIN:

Net 30 Days

INVOICE NO: 4822

Description	Amount
Work performed by Mississippi Valley Archaeology Center Lit review for CTH E Jefferson County Project ID 3500-00-00 Direct Bill Object Code 8700241 INVOICE PERIOD: June 2022	377.80

Sincerely, _____

First Last

Grant Accountant

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

Total Due: \$377.80

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



UW System Payment Quick Reference

State Controller's Office

Example #5:



Wisconsin State
Laboratory of Hygiene
UNIVERSITY OF WISCONSIN-MADISON

465 Henry Mall, Madison WI 53706

BILLING ACCOUNT NUMBER	
222201	PAGE 1 of 1
CUSTOMER NAME AND ADDRESS	
WDHS NBS DATA & SYSTEM INT 1 WEST WILSON ST RM 233 MADISON, WI 53701-2659	

Check Remit to: PO Box 78770, Milwaukee WI 53278-0770

For questions: 1-800-862-1065 or arbill@slh.wisc.edu

INVOICE NUMBER	DATE
707509	3/10/2022
BILLING NOTES	
PO 38399 07/01/21 - 06/30/21 \$129,106.00	

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

SAMPLE ID	CUSTOMER SAMPLE ID			
DOS	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

Current Charges: \$8380.82

Current Adjustments: \$0.00

Current Voids: \$0.00

Purchase Order-Project #:

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.



UW System Payment Quick Reference

State Controller's Office

Invoice Information | Payments | Voucher Attributes

Business Unit: 50500
Voucher ID: NEXT
Voucher Style: Regular Voucher
Invoice Date:
Invoice Received:
Supplier ID: 000028500A
ShortName: UW-MADISON-001
Location: MAIN
*Address: 2

1 Invoice No: InvoiceNumber
Accounting Date: 02/27/2025
*Pay Terms: NET30
Basis Date Type: Inv Date
Control Group:

Invoice Total
Line Total: 0.00
*Currency: USD
Miscellaneous:
Freight:
Total: 0.00
Difference: 0.00

Non Merchandise Summary
Session Defaults
Comments(0)
Attachments(0)
Template List
Advanced Supplier Search
Supplier Hierarchy
Supplier 360

☐ Incomplete Voucher

Invoice Information | **Payments** | Voucher Attributes

Business Unit: 56600
Voucher ID: NEXT
Voucher Style: Regular Voucher
Total Amount: 0.00
Supplier Name: UW-Madison

2 Invoice No: InvoiceNumber
Invoice Date:
*Pay Terms: NET30
☐ Incomplete Voucher

Action:

Payment Information

1 Payment 1
*Remit to: 000028500A
Location: MAIN
*Address: 2
UW-Madison
21 N Park St Ste 5301
Madison, WI 53715-1218

Gross Amount: 0.00 USD
Discount: 0.00 USD
Scheduled Due:
Net Due:
Discount Due:
Accounting Date:

Payment Options

*Bank: US022
*Account: 1401
*Method: ACH
Pay Group:
*Handling: Centrally Mailed
*Netting: Not Applicable
L/C ID:
Hold Reason:

3 ☒ Separate Payment

4 Message: Identifying Remit To information, Attn, Grant#

*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