

# PORTAL PROCEDURES

Log into the Portal. <https://portal.co.franklin.oh.us/index.cfm> and locate the My Apps feature on the right-hand portion of the screen.

The screenshot shows the Franklin County Portal homepage. On the left is a 'Press Room' section with a '2015 COMBINED CHARITABLE CAMPAIGN FOR FRANKLIN COUNTY' banner. Below it are 'Find it', 'Agency Services' (with a dropdown menu), 'My Agency's Links' (listing various services like Agency Info, Cafe Menu, etc.), and 'County Wide' news items. In the center is an 'Auditor' section with news about Michelle Callahan, October anniversaries, and training DVDs. On the right is a 'Green Team' section with environmental images and a 'My Favorites' list. At the bottom right, a 'My Apps' section is highlighted with a red box, listing 'Auditor AP Forms', 'IRS W-9 Administration', 'IRS W-9 Form', and 'OPERS Contractor Database'.

There are multiple applications available to Fiscal Personnel to complete AP Tasks; your user profile determines individual access to the apps. This document will illustrate how to perform tasks in each of the applications. Click on the Auditor AP Forms App to access the PO Reduction Form and/or to Request to Void or Reissue a warrant.

This is a close-up of the 'My Apps' menu. The menu items are 'Auditor AP Forms', 'OPERS Contractor Database', 'IRS W-9 Administration', and 'IRS W-9 Form'. A red arrow points to the 'Auditor AP Forms' item.

Upon opening the App, the utilities are found in the upper left-hand corner of the screen.

The screenshot shows the 'Auditor AP Forms' application interface. On the left is a navigation menu with 'Main Menu', 'PO Reduction Form', 'Return Invoice Form', and 'Void/Reissue Form'. The 'Void/Reissue Form' item is highlighted with a red box and a red arrow. The main content area has a heading 'Auditor AP Forms' and a welcome message: 'Welcome to the AP Forms page; please select the document you would like to complete from the populated list found on the left-hand side of the screen.' Below this is a reminder: 'Remember, these forms should be keyed without punctuation except for dashes (-), ampersands (&), and decimal points, where applicable.' and a tip: 'To reduce accidentally submitting a form too soon, please remember to use the tab key in lieu of the enter key.' At the bottom, contact information is provided: 'If you have any questions, comments, or concerns about this process, please contact Jeff Roose at 525-7345 or Melissa Belhorn at 525-5910.'

Select Void/Reissue Form from the list to amend a previously issued warrant. The Void/Reissue Form screen appears; to initiate a Void/Reissue click the green box in the upper right hand corner of the screen. **Please Note:** The fields on this form were designed to be tabbed through; please do not use the enter key on your keyboard or the document may accidentally be cancelled or forwarded to be authorized by your supervisor prematurely.

Home      Benefits      Payroll      My Agency      Safety      Video

**Auditor AP Forms**

- Main Menu
- PO Reduction Form
- Return Invoice Form
- Void/Reissue Form

# Void/Reissue Form

+ Create a new Void/Reissue Form

Display: New and Search:

Date	Status	Type	Check Number	Name	Agency
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The Void/Reissue Form appears and your portal login information is populated. Select the box next to Stop/Reissue if the original payment was not redeemed by the vendor or the box next to Void Only if the original payment was issued to the vendor in error. If the original warrant was returned to your agency, select the box next to Original Warrant Returned to Auditor and shred it.

Vendor Name Field - Type the payee's name as it appears in MUNIS.

Vendor Number Field - Type the number assigned in MUNIS.

Check Number Field - Type the eight digit warrant number originally issued to the vendor.

Amount Field - Type the dollar value of the warrant.

Issue Date Field- Type the date the warrant was cash disbursed in MUNIS.

\*Check Returned by Post Office\*- Select Yes or No if delivery of the original warrant did not occur. This field was created to help alleviate erroneous and/or duplicate transactions from occurring. Before completing the form, please contact our office to verify that the warrant hasn't been returned by the USPS. If it has, the request may not be necessary.

Reason for Request - Provide a brief explanation of why a request to ONLY Void a payment is being made.

**Auditor AP Forms**

- Main Menu
- PO Reduction Form
- Return Invoice Form
- Void/Reissue Form

**Find it**

Agency Services

Select an Agency

**My Favorites**

- Forms
- Edit List

**My Agency's Links**

- Agency Info
- Cafe Menu
- Calendar of Events
- Certified Notaries
- Conference Room Request
- Data Center Employee Home
- Employee Handbook
- Employee Phone List
- Forms
- Using Your County Phone

★ Add to Favorites

# Void/Reissue Form

**Requester Information**

Requester's Name:

Agency Name:

Phone Number:

**Form Information**

Please Check the Appropriate Box(es):

Stop/Reissue

Void Only

Original Warrant Returned to Auditor

Vendor Name:

Vendor Number:

Check Number:

Amount:

Issue Date:

Check Returned by Post Office:  Yes or  No

Reason for Request:

Send to Authorizers

After completing the form, click on the Green Send to Authorizers button located at the bottom of the screen. This triggers two events; first, an email notification goes to the authorizers within your agency that a previous payment needs attention. Second, the form shifts to a Submitted Classification:

For your convenience this form may be saved at any time and completed later; to accomplish this, click on the Blue Save for Later button  located at the bottom of the screen. In addition, the form may be deleted at any time without saving; click on the Pink Delete button  located at the bottom of the screen.

To adjust a Purchase Order, select PO Reduction Form from the list in the upper left-hand corner.

The PO Reduction Form screen appears; to initiate a PO Reduction click the Green box in the upper right hand corner of the screen.

A PO Reduction Form appears and automatically populates your information. Please Note: The fields on this form were designed to be tabbed through; please do not use the enter key on your keyboard or the document may accidentally be cancelled or forwarded to be authorized by your supervisor prematurely.

**Form Definitions:**

PO Number

The 8 digit purchase order number that needs reduced or closed.

Line Number

The line number of the PO that needs reduced or closed.

Amount of Reduction

The dollar value that needs to be added to the amount liquidated thus far.

Decrease or Close

This is a drop down field; please choose either Decrease or Close.

Total Liquidated Amount\*

Enter the amount spent thus far plus the requested amount of reduction.

Notes

This field is not required and may be used at your discretion.

**Auditor AP Forms**

- Main Menu
- PO Reduction Form
- Return Invoice Form
- Void/Reissue Form

**Find it**

**Agency Services**

Select an Agency

**My Favorites**

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★ **Add to Favorites**

## PO Reduction Form

Requester's Name:

Agency Name:

Phone Number:

	PO Number	Line Number	Amount of Reduction	Decrease or Close	Total Liquidated Amount	Notes
1	<input type="text"/>	<input type="text"/>				
2	<input type="text"/>	<input type="text"/>				
3	<input type="text"/>	<input type="text"/>				
4	<input type="text"/>	<input type="text"/>				
5	<input type="text"/>	<input type="text"/>				
6	<input type="text"/>	<input type="text"/>				
7	<input type="text"/>	<input type="text"/>				
8	<input type="text"/>	<input type="text"/>				
9	<input type="text"/>	<input type="text"/>				
10	<input type="text"/>	<input type="text"/>				
11	<input type="text"/>	<input type="text"/>				
12	<input type="text"/>	<input type="text"/>				
13	<input type="text"/>	<input type="text"/>				
14	<input type="text"/>	<input type="text"/>				
15	<input type="text"/>	<input type="text"/>				

Delete

Save for Later

Send to Authorizers

*\*This field was created to help alleviate erroneous and/or duplicate reductions from happening. Please use the following instructions to assist you in completing the field correctly.\**

### Example of Total Liquidated Amount Calculation:

The PO, shown below (in MUNIS), has previously been liquidated by \$535.00. If you are requesting a \$100.00 reduction to be completed, then \$635.00 (535.00 + 100.00) would be typed into the Total Liquidated Amount Field.

Line	Ordered Amount	Liquidated	Balance	1st GL Account	Totals
1	5,000.00	535.00	4,465.00	13210800-530203	Ordered 5000.00 Liquidated 535.00 Open 4465.00

After completing the form, click on the Green Send to Authorizers button  located at the bottom of the screen. This triggers two events; first, an email is auto-generated to the authorizers within your agency providing notification that a PO form requires attention. Second, the form transfers to the Submitted category of the dropdown list on the initial screen:

For your convenience this form may be saved at any time and completed later; to accomplish this, click on the Blue Save for Later button  located at the bottom of the screen. In addition, the form may be deleted at anytime without saving; click on the Pink Delete button  located at the bottom of the screen.

Click on the IRS W-9 Form App to enter the taxpayer data to establish a new vendor in MUNIS.

Click on the link: Create New IRS W-9 Form & the ensuing pages will appear.

Please submit forms using ALL CAPITAL LETTERS, omit punctuation (periods, commas, etc.), utilize abbreviations (ST, AVE, N, S, 3RD), and a two-digit State code is all that is required.

### Taxpayer Information

**Name:**

as shown on the income tax return

**Business name:**

if different from above

International Address?

**Address:**

number, street, and apt. or suite no.

**City:**

**State:**

**ZIP Code + 4:**  -

**Please select an appropriate Business Type option:**

- Individual/Sole proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/Estate
- Limited liability company
- Church
- Government agency
- Non-profit
- Exempt learning institution

**Tax classification:**

required if limited liability company

- N/A
- C Corporation
- S Corporation
- Partnership

**Please select an appropriate option:**

- N/A
- Foster Parent
- Volunteer
- Tuition Reimbursement

### Taxpayer Identification Number (TIN)

Enter the TIN in the appropriate box. The TIN provided must match the name given above to avoid backup withholding. For individuals, this is their social security number (SSN). For other entities, it is their employer identification number (EIN).

**Social security number:**  -  -

**Employer identification number:**  -

**Note:** If the entity is based in a foreign country and does not have a United States Taxpayer Identification Number, they must submit a signed form W-8 BEN and be informed that 30% of their gross payment amount will be deducted and electronically submitted to the IRS.

### Certification

Under penalties of perjury, the taxpayer certifies that:

1. The number shown on this form is the correct taxpayer identification number, and
2. The taxpayer is not subject to backup withholding because: (a) the taxpayer is exempt from backup withholding, or (b) the taxpayer has not been notified by the Internal Revenue Service (IRS) that the taxpayer is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the taxpayer that they are no longer subject to backup withholding, and
3. The taxpayer is a United States citizen or other U.S. entity.

**Certification instructions:** Cross out item 2 above if the taxpayer has been notified by the IRS that the taxpayer is currently subject to backup withholding because the taxpayer has failed to report all interest and dividends on their tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, the taxpayer is not required to sign the Certification, but must provide their correct TIN.

**With Permission of:**

**Phone Number:** (  )

**Date:**

### For Agency Use Only

**Agency:**

**Name:**

**Phone Number:** (  )

**Description Of Services Provided:**

**Misc. Notes:**

Submit Form W-9

Save for Later

## Guidelines for Keying W-9 Data

- Complete this form as if the data is being entered into MUNIS; use all CAPITAL LETTERS, do not include any punctuation symbols other than a dash (-) or ampersand (&), and abbreviate words when possible.
- Most of the fields on this form are mandatory; you will not be able to submit the W-9 without completing the required information.
- Tab through the fields, filling in the sections that correspond with the information provided by the vendor. Please key the name & business name exactly as provided.
- The Name field should be line 1 of the W-9 and will match the Alpha field in MUNIS. It will also be the name reflected on the vendor's tax return.
- The Business Name field should be line 2 of the W-9 and will specify: Doing Business As, Attn, or In Care of; this data will match Address Line 1 in MUNIS.
- Complete the Address section with the vendor's **Remit Address** for payment. Keep in mind, the data may need altered. The address needs to agree with where the payments are sent, which is not necessarily the address provided on the form. It is OK to modify the address field.
- The Appropriate Business Type Option section needs to be determined by the vendor.
  - If the vendor is unsure of their status and/or would like to verify their TIN, have them call the IRS @ 1-800-829-4933 to confirm that information.

- The Tax Classification section only needs to be completed if the vendor is a Limited Liability Company (LLC). Otherwise, leave that section as marked as N/A.
- The Foster Parent, Volunteer, & Tuition Reimbursement section must be completed to assist in identifying those types of payments.
- The Taxpayer Identification Number should be **either** a
  - Social Security Number, for vendors who wish to be recognized as an individual for tax purposes**Or an**
  - Employer Identification Number, for vendors who wish to be recognized as a company for tax purposes.
- Part II Certification of the W-9 should be verified by the vendor and then that section of the form should be completed with a contact's name, phone number and the date of declaration.
- The Description of Services Provided field, below your contact information, should signify special payment types like Rent, Medical Services, Legal Fees, Legal Settlements, Eminent Domain, or a Tax Refund.
- The Miscellaneous notes field should be completed with any other pertinent information that will help ensure the vendor is properly coded in MUNIS. For example, if a vendor originally submitted a W-9 with their SSN and now wishes to be paid using an EIN, indicate that the initial vendor number should be inactivated due the new submission.

Updating a Vendor's Address is also completed using this application.

Click on the link: Change of Address & complete the form following established MUNIS data entry protocol.

**IRS W-9 Form**

**IRS W-9 Form**

Change of Address

**Find it**

Agency Services

## Request for Taxpayer Identification Number and Certification

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### New Forms

#### Change of Address Form

**Old Address**

Name:

Old Address:

Old City:

Old State:

Old ZIP Code + 4:  -

**New Address**

Name:

New Address:

New City:

New State:

New ZIP Code + 4:  -

Phone Number: (  )

**For Agency Use Only**

Vendor Number:

Preparer's Name:

Agency Name:

Preparer's Phone Number: (  )