This quick reference guide (QRG) is for **Miscellaneous Payees.** Miscellaneous Payee are for **_stipends, standardized patients, and research participants._** This is 1099 reportable. Because they will receive a 1099, you must gather some information from the payee, such as their EIN, SSN, or ITIN, and contact information.

The first step is to Create Request task to add the payee to Workday. Have the payee complete a W9 form (https://www.irs.gov/pub/irs-pdf/fw9.pdf), and the Individual Setup Form (see last two pages). If the payee is already in Workday as a Miscellaneous Payee, then skip to the second step of Miscellaneous Payee

First Step: CREATE REQUEST

From the Workday Home page:
1. Search and select the **Create Request** task in the search bar.
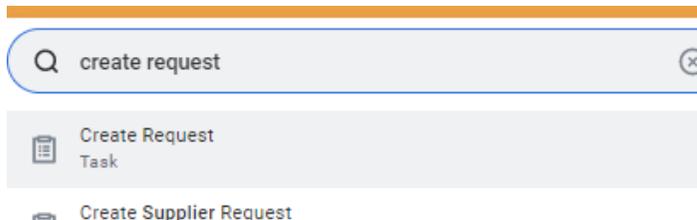
2. Use the dropdown for the **Request Type** and select All
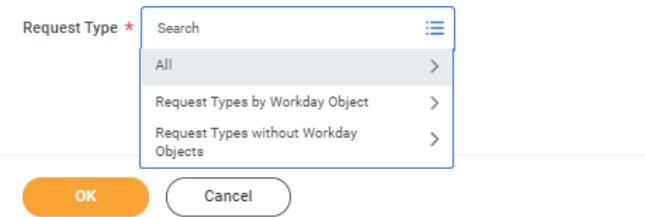
3. Choose UAMS Miscellaneous Payee Request
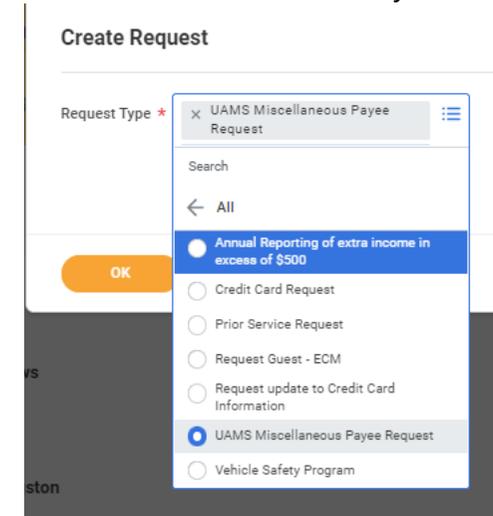
4. Complete the questionnaire – all fields listed below are required.
   a. Type the Payee Full Name
   b. Select the Tax Authority Form Type as 1099
   c. Select the TIN Type you will be using in the TAX ID field
   d. Enter the Tax ID
   e. Complete the justification statement for the request.

f. Click Select Files to upload or drag & drop an attachment as support for the request. This would include contact information, including mailing address, etc.

5. Click **Submit**.

> Note: please do not enter "**N/A**" for any field, or your request will be returned.

NEXT

The process for created a request for a Miscellaneous Payee and will route to your UAMS Supplier Partner for final approval.

By clicking **Details and Process**, you can view the actions taken thus far in the process. Any changes made to the expense report are tracked in the **Process History** table.

An approver receives a Workday Inbox task to approve, deny, or send back the change to the expense report. An approver must provide a reason if the Send Back action is used.

Once it is approved and your task shows Successfully Completed, then you can complete the Expense Report for Non-Worker to pay them.

Second Step: Miscellaneous Payment Request

Once the Payee has been created and approved:

1. Search and Select the "Create Miscellaneous Payment Request."
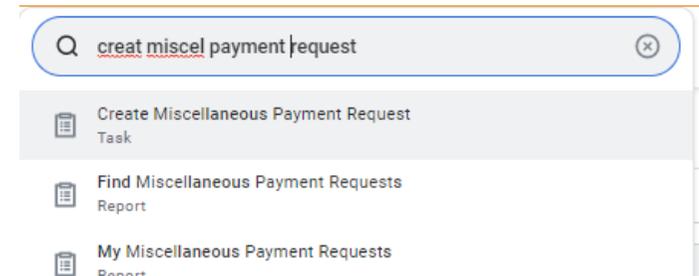
2. The request form will appear. Complete the following required fields:

On the left-hand side

a. Document Date - default to **today's date**

b. Company - should default to "**University of Arkansas for Medical Science**s"

c. Payee – Search and search the Payee's name (if not found, go back to step one). ***Do not use the "create Miscellaneous Payee selection***. To verify you have selected the correct payee – click on the related actions or the three dots to the right of the name and view the details.

d. Currency – defaults to "**USD**"

e. Payment Type – Select **Check or Direct Deposit** if you provided that information

f. Requesting Category – select "**UAMS**

Miscellaneous Payment" only.

Field	
Company	*
Payee	*
Currency	*
Payment Type	*
Request Category	*

Payment Type options:
- Agency Disbursement
- Change Fund Establishment
- Petty Cash Establishment
- Petty Cash Replenishment
- Royalty Payment
- ● UAMS Miscellaneous Payment

Request Category: Search
- × UAMS Miscellaneous Payment
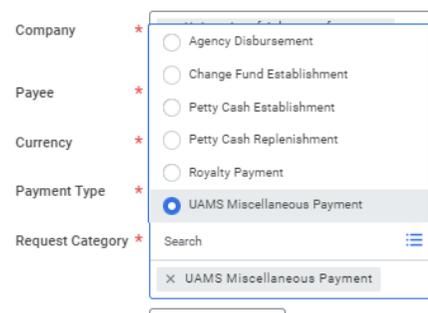
g. Due Date – leave blank

h. Handling Code – leave blank

On the left-hand side

i. Control Total Amount – enter the **total amount** of the payment requested.

j. Memo – enter **stipends, standardized patients, or research participants.**

k. External Reference – leave blank

3. Complete the required information in the Lines section in the lower part.

a. Company – University of Arkansas for Medical Sciences will default

b. Item – leave blank

c. Item Description – leave blank

d. Spend Category –

i. **For Stipends**, use SC0066 Stipends

ii. **For Standardized Patients**, use SC0723 Contract Labor | Standardized Patients

iii. **For Research Participants**, use SC0157 Research Participant Expenses

e. Quantity – leave blank

f. Unit Cost – leave blank

g. Extended Amounts - type the extended amount to match the control total entered above if you have only one line. Otherwise, enter in the amount this line will be responsible for.

h. Memo – not required

i. AASIS Code – will default based on the Spend Category selected above.

j. Cost Center – enter the **cost center responsible** for the payment. If a **grant, gift, program or agency is responsible**, enter that information in the appropriate column first, and the Cost Center will default.

k. Additional Worktags –

i. NACUBO will default

      ii. Fund – if the fund did not default, enter the appropriate fund.

4. Click on the Attachment tab to attach supporting documentation.

5. Click on Submit

NEXT STEPS

There are several approver step, refer to your My task often to review the progress. Note that the MPR will have a Document Status of Approved but a Payment Status of Unpaid (until Settlement). Review the accounting from the related actions of the payment request. There should be a debit to an expense account and a credit to Accounts Payable.

REPORTS

Useful reports:

- My Miscellaneous Payees
- View Miscellaneous Payee
- My Miscellaneous Payment Requests
- Find Miscellaneous Payment Request
- My In Progress Transactions – only if the request is still pending.

Supply Chain Business Operations
Supplier Data Management
4301 W Markham St, Slot 591
Little Rock, AR 72205
501-686-7273 (P)
501-526-6569 (P)

INDIVIDUAL APPLICATION FORM

General Supplier Information: (*Please Print or Type All Information*)

Name (As Shown On Your Federal Tax Return):			
Doing Business As / Alternate Name (If Applicable):			
Federal Taxpayer ID (TIN) or SSN:			
Street Address / PO Box:			
City:	State:		Zip Code:
Country (*If Outside U.S.*):		Region:	
Phone Number:		Email Address:	

HIPAA Security Information

In your work for UAMS, will you be accessing, receiving, maintaining, or creating health information of UAMS patients?

☐ Yes (*If Yes, please **complete** BA HIPAA Security Checklist On Page 2*)

☐ No (*If No, please **disregard** BA HIPAA Security Checklist On Page 2*)

Type Of Request

☐ Honorarium	☐ Stipend
☐ Award	☐ Research Participant
☐ Non-Employee Reimbursement	☐ Standardized Patient
☐ Scholarship (Financial Aide / Bursars Office)	☐ Other: _____

Justification:

UAMS is a sale and use tax exempt facility. Site permit ID: 070136-84-001. For more details please see: Sales-and-Use-Tax-Exemption-Permit.pdf (uams.edu)

I certify that I have reviewed the UAMS terms & conditions: UA System Standard Purchasing Terms and Conditions

☐ Yes   ☐ No

I certify that: (i) I am not currently engaged in a boycott of Israel, and (ii) I will not engage in such a boycott for the duration of the contract with UAMS.

☐ Yes   ☐ No

UAMS validates all persons or entities that are engaged in business against the federal debarred list.

UAMS validates all persons or entities that are considered a "foreign source" as defined in the Ark. Code Ann. §6-60-1201 et seq (Transparency in Foreign Investment Act).

I, on behalf of Supplier, certify that Supplier:

IS _____ or IS NOT _____: (A) a foreign government or agency of a foreign government, (B) a foreign legal entity, (C) a non-US citizen or national, or (D) an agent acting on behalf of a foreign source as described in (A), (B) or (C).

Signature: *Date:*

<p style="text-align:center; color:red">Business Associate (BA) HIPAA Security Check</p>

1. Describe the services to be provided to UAMS and access to or manipulation of UAMS patient data:

2. Do you store UAMS patient data on a computer or laptop? If you do, have you encrypted the data location? Encryption is required and several free options are available.

3. Is UAMS patient data transmitted by the BA? If so, please attest that no internet provided email service is used to transmit UAMS patient data, unless the document is encrypted. Internet services do not qualify for HIPAA regulated data.

4. Are mobile devices used by the BA and if so, describe security controls:

5. Does the BA workforce receive privacy training? Describe:

6. Describe the BA's facility access controls (locked cabinets, cameras, alarms, etc.) in place to protect UAMS patient data:

7. List the contact information for the BA's HIPAA Security officer:
   a. Name:
   b. Phones(s):
   c. Email address:

8. List the contact information for the BA's HIPAA Privacy officer:
   a. Name:
   b. Phones(s):
   c. Email address:

9. List the contact information for the person with signature authority:
   a. Name:
   b. Phones(s):
   c. Email address:

Supplier/Company Name: _____

Address: _____

_____