

Cooper/Sams Longevity Award Claim Instructions

To claim your Cooper/Sams Longevity Award, you must register as a vender through Minnesota's **Supplier Portal**.

1. Please select the following link: [Supplier Portal](#) (or visit <http://supplier.swift.state.mn.us/>) to view the Supplier Portal.
2. Select **Vender Registration Link**.

3. Complete Step 1 of the form. The Vendor Name your legal name. Please Select **Social Security Number** as your **TIN Type**. **DUNS** and **CCR** can be left blank. See example below:

Vendor Registration
STEP 1 OF 9: ID NUMBERS

Welcome to the Vendor Registration page. This page is used to perform the following:

- 1) Begin the process of registering as a vendor with the State of Minnesota.
- 2) Request a User ID in order to view payments, update your address and contact information, manage purchase orders, view events and bid on events. You may request a User ID if you are already a registered vendor with the State of Minnesota and you know your Swift Vendor ID. If you do not know your Swift Vendor ID, please contact the Minnesota Management and Budget (MMB) Vendor helpline at (651)201-8106 or email efthelpline.mmb@state.mn.us
- 3) Retrieve a lost User ID. You must know your Swift Vendor ID in order to retrieve a lost User ID. If you do not remember your Swift Vendor ID, please contact the Minnesota Management and Budget (MMB) Vendor helpline at (651)201-8106 or email efthelpline.mmb@state.mn.us

To Begin, enter Vendor Identification information below.

*Vendor Name Name as reported on your tax return

*TIN Type

*TIN (Federal ID number or SSN)

DUNS

CCR

- Complete Step 2 of the form using your address. Please Note: If you choose **Email** for your **PO Delivery Mthd**, you must enter an email address.

Vendor Registration
STEP 2 OF 9: PRIMARY ADDRESS INFORMATION

Enter the main Address related information for the Vendor on this page. If your company has multiple site locations, the Primary Address would be the main headquarters.

Physical Address

DBA Name: If Doing Business as Name (DBA) is different than Legal Name

Country: [Change Country](#)

Street Address:

City:

State: Minnesota *Postal:

County:

*Telephone: Extension:

*PO Delivery Mthd: *Email ID:

Comments:

* Required Field

- Please skip Steps 3 & 4.

- Complete Step 5. Please select **Not Required** for your MN Tax ID Information. Select **General Address** as your **Contact Addr** and **Main** as your **Phone Type**.

Vendor Registration
STEP 5 OF 9: CONTACT INFORMATION

Please enter Contact Information here as well as Minnesota Tax ID information if any of the addresses you entered were MN. Additional phone numbers can be added by clicking the '+' button or deleted by clicking the '-' button.

MN Tax ID Information

At least 1 address was MN. Choose an option to the right.
 Have MN Tax ID MN Applied for Not Required

Contact Information

*Contact Name:

Contact Type:

Contact Title:

*Contact Addr:

Email ID:
The State may use this email address to contact you.

URLID:

Contact Phone Number Find | View All First 1 of 1 Last

*Phone Type: *Telephone: Ext:

* Required Field

7. Check the box on the top of Step 6. This should automatically bring you to Step 8. If not, please select the **Next** button.

Vendor Registration
STEP 6 OF 9: CHOOSE PRODUCT CODES

Please select the commodity and/or service codes that will be a part of your purchasing strategy with the State of Minnesota

Click here if you do NOT wish to register as a supplier of goods or services with the state. This will skip the selection of product codes and also skip Step 7, Registered Business Information

Commodity/Service: And/Or
 Descriptions:
 UNSPSC Code:

UNSPSC Codes (Search results)			
Select	Category	Description	
1	<input type="checkbox"/>		

Your Codes	
Description	Category
1	

* Required Field

8. If you would like your Cooper/Sams Award payment to be mailed, please select **Next** to move to Step 9. If you would like to receive your Cooper/Sams Award payment via bank transfer, please select the box on Step 8. Then complete all required fields. Please see the example below.

Vendor Registration
STEP 8 OF 9: EFT INFORMATION

Please enter your banking information on this page

Click here to enter EFT/Bank information. If you prefer to receive payment by check, proceed to the next page. The State will send Payment notifications to the email address provided here. The State will also attach payment details in a PDF document in the payment notification.

The State will not process payments to foreign bank accounts. Please do not enter a foreign bank account. If a foreign bank account is added, payment will be delayed and issued by check.

EFT Information

*Bank Name
 *Bank Acct Type
 *Bank Routing Nbr

check # routing and transit # checking account #

*Bank Account #
 *Reenter Bank Account #
 *Email Notification
 The State will send Payment notifications to the email address provided here. The State will also attach payment details in a PDF document in the payment notification.

* Required Field

9. Enter in a password, email, and set a security question to complete Step 9.

Vendor Registration
STEP 9 OF 9: PASSWORD INFORMATION

Please enter your User Profile information that will become active when you are approved as a Vendor. If approved, the State will send an email with your Swift User ID to the email address provided here. The email will only be used to send you your Swift User ID. The Hint Question and Response will be used if you forget your password in the future.

Logon Information

*Password

*Confirm Password

Password Requirements

- Password length must be a minimum of 8 characters
- Must use at least 1 special character (Example - period, asterisk, underscore or dash).
- Must use at least 1 number.

*Send to Email ID

If approved, the State will send an email with your Swift User ID to the email address provided here. The email will only be used to send you your Swift User ID.

*Hint Question

*Hint Response

* Required Field

10. Once approved, you will receive an email (at the email listed on Step 9) with your Swift Vendor Number. You are now ready to complete the Cooper/Sams Claim Application.

Please note: The completed Cooper/Sams Claim Application must be received by the EMSRB office on or before October 1, 2018, to be paid on or about April 1, 2019.