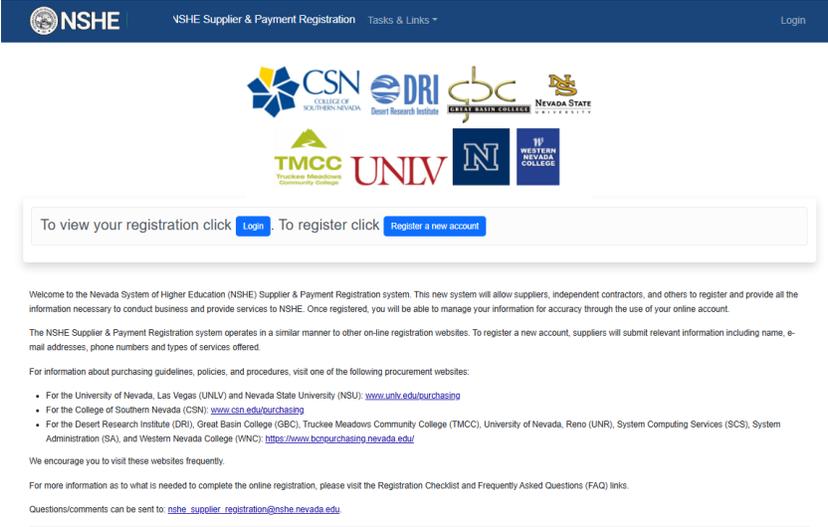


# NSHE Supplier Registration (SREG 3.0) Instructions

Visit <https://suppliers.nevada.edu>.

Click **Register a New Account** on the main page.



First time users must complete the required personal information fields and click **Create**.

## Create your account

Email Address \*

Password must be at least 7 characters long and contain at least 1 Special Character (i.e. ! @ #).

Password \*

Confirm Password \*

Security Question \*

Security Answer \*

## Your information

First Name \*

Last Name \*

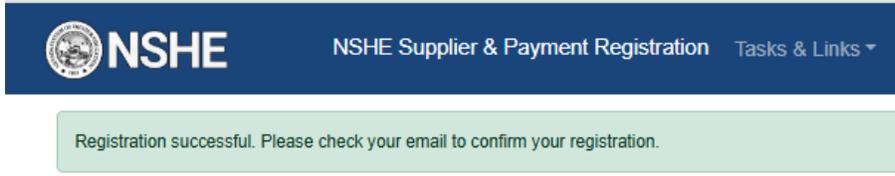
Phone \*

Fax

I agree to the [Terms of Use](#)

**Create**

After creating your account, a success message will appear confirming your registration.



Check your email for a message from **nshe\_supplier\_registration@nshe.nevada.edu** with the subject **“Welcome! Please activate your account.”**  
Click the verification link in the message to activate your account.

Welcome! Please activate your account.



sreg-dev-group@unlv.edu  
to me ▾

Hello 👋

Welcome aboard the NSHE Supplier & Payment Registration website. Your new account is almost ready, but before you can login you must first visit:

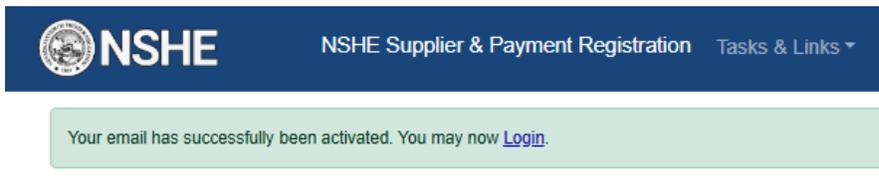
[Click here to verify your account.](#)

Once you have visited the verification URL you will be redirected to the login page.

If you have any other problems or questions, please contact an administrator at: [nshe\\_supplier\\_registration@nshe.nevada.edu](mailto:nshe_supplier_registration@nshe.nevada.edu)

Thank you,  
The NSHE Supplier & Payment Registration Team

<https://suppliers-test.oi.unlv.edu>  
[nshe\\_supplier\\_registration@nshe.nevada.edu](mailto:nshe_supplier_registration@nshe.nevada.edu)



After verifying your email, return to [suppliers.nevada.edu](http://suppliers.nevada.edu) and log in. Once logged in, click **“Begin Registration”** beneath your welcome message to start the process.

**Welcome**

To get started, click [Begin Registration](#)

Welcome to the Nevada System of Higher Education (NSHE) Supplier & Payment Registration system. This new system will allow suppliers, independent contractors, and others to register and provide all the information necessary to conduct business and provide services to NSHE. Once registered, you will be able to manage your information for accuracy through the use of your online account.

The NSHE Supplier & Payment Registration system operates in a similar manner to other on-line registration websites. To register a new account, suppliers will submit relevant information including name, e-mail addresses, phone numbers and types of services offered.

For information about purchasing guidelines, policies, and procedures, visit one of the following procurement websites:

- For the University of Nevada, Las Vegas (UNLV) and Nevada State University (NSU): [www.unlv.edu/purchasing](http://www.unlv.edu/purchasing)
- For the College of Southern Nevada (CSN): [www.csn.edu/purchasing](http://www.csn.edu/purchasing)
- For the Desert Research Institute (DRI), Great Basin College (GBC), Truckee Meadows Community College (TMCC), University of Nevada, Reno (UNR), System Computing Services (SCS), System Administration (SA), and Western Nevada College (WNC): <http://www.bcpurchasing.nevada.edu>

We encourage you to visit these websites frequently.

For more information as to what is needed to complete the online registration, please visit the Registration Checklist and Frequently Asked Questions (FAQ) links.

Questions/comments can be sent to: [nshe\\_supplier\\_registration@nshe.nevada.edu](mailto:nshe_supplier_registration@nshe.nevada.edu)

Search for your business or personal name to see if it already exists in the system.

### Begin Registration

Please take a moment to verify your company has not already been registered.

Enter in your business info below or personal info if you are registering as an individual.

**Search Criteria**

Country of business entity or individual \*  
United States of America

Supplier Name or DBA Name

**Tax ID**

Type \*  
Employer ID Number

Tax ID \*

[Search](#)

You will either see **“No Data Available”** or a list of potential matches.

- If your business is listed, click **“Join Supplier.”**
  - This will send an email to your existing admin on the registration and they will need to grant you access to that business account.
- If no match is found, click **“New Registration”** to begin a new profile.

[Start Over](#) [New Registration](#)

### Search Results

Show  entries

Supplier Name	Status	Organization Type
No data available in table		

Showing 0 to 0 of 0 entries

[Start Over](#) [New Registration](#)

### Search Results

Show  entries

	Supplier Name	Status	Organization Type
<a href="#">Join Supplier</a>	GlaxoSmithKline	Accepted	US - C Corporation
<a href="#">Join Supplier</a>	Sharpe-Smithing, LLC	Accepted	US - Limited Liability Company
<a href="#">Join Supplier</a>	Mendenhall Smith	Denied	US - C Corporation
<a href="#">Join Supplier</a>	SmithGroup LLC	Accepted	US - Limited Liability Company
<a href="#">Join Supplier</a>	Smith Hamilton, Inc.	Accepted	US - C Corporation
<a href="#">Join Supplier</a>	Darwin Vance Smith	Accepted	US - Individual, Sole Proprietor or Single Member LLC
<a href="#">Join Supplier</a>	The Smith Center for the Perfo	Accepted	US - C Corporation
<a href="#">Join Supplier</a>	Jeff Smith Golf LLC	Accepted	US - Limited Liability Company
<a href="#">Join Supplier</a>	American City Business Journal	Accepted	US - C Corporation

Review the introduction page.  
Enter your **business tax classification**, then click **“Continue.”**

# Registration

## Introduction

In order for your business to become a Registered Supplier you must complete the Self Service Registration process. Please abide by the following instructions:

- You must fill in all required fields in order to submit your registration.
- At any time you can cancel or save your changes, and then return to the application at a later time. However, once you click the Continue button, you will need to contact the website administrator to cancel your application.
- It's recommended that you review your submission answers and make changes prior to clicking the Submit button.
- In order for your submission to be fully completed, you must click the Submit button.
- Upon completion, your submission will need to be reviewed by NSHE Business Centers prior to acceptance. You will be notified via email once your submission status changes.

Visit the [Registration Checklist](#) for a detailed list of information you will need in order to complete your registration.

**NOTE:** Registering your business will set your login as the Administrative login. This means that you will be responsible for reviewing all requests from other people with logins who wish to access/modify Supplier data you submit through this system. More information will be made available about how to administer your business' account after your registration has been reviewed and approved.

## Begin Registration

Please take a second to provide some basic information to begin your registration.

Tax Classification  
-- Select an Organization Type --

Continue

# US Individual Registrations:

If registering as an individual, continue answering the personal and required **Conflict-of-Interest** questions.

## Begin Registration

Please take a second to provide some basic information to begin your registration.

Tax Classification  
US - Individual, Sole Proprietor or Single Member LLC

Submit the following form to complete your registration.

### Name

Name

### Phone

Country Code  
United States of America (+1)

Phone Number \*

### Email

Email

### Address

Country  
United States of America

Address Line 1 \*

Address Line 2

City \*

State \*  
-- Select a Value --

Payments

Tax ID

Tax Document

Your tax classification is set to "US - Individual, Sole Proprietor or Single Member LLC", you can submit the W9 electronically in the next step of this process. A signed W9 form must be submitted (W9 form for non-US residents). If you do not upload one now, it can be emailed or faxed in. These forms are available at <https://www.irs.gov/>.

Relationship to NSHE

- Select a Value --
- Guest Speaker/Lecturer
- Service Provider/Consultant
- Student
- Research Participant
- Other

Which institution(s) do you intend to do business with or be paid by from the Nevada System of Higher Education (NSHE)?

Thank you for your interest in doing business with the Nevada System of Higher Education. At this time, we are processing registrations for suppliers actively engaged with one or more of our campuses. If you are not currently engaged with a NSHE campus and do not provide a campus contact, your application will be held in a pre-registration status until such time a department seeks to conduct business with your company. At the time of engagement, you may be asked to update the information you've submitted.

Which institution(s) do you intend to do business with or be paid by from the Nevada System of Higher Education (NSHE)?

Select all that apply.

- College of Southern Nevada (CSN)
- Desert Research Institute (DRI)
- Great Basin College (GBC)
- Nevada State University (NSU)
- Nevada System of Higher Education System Administration
- Truckee Meadows Community College (TMCC)
- University of Nevada, Las Vegas (UNLV)
- University of Nevada, Reno (UNR)

from NSHE who referred you to register here

### Answers Required

Regardless of answers below, proceed with completing the registration.

1. Are you a current employee of any institution of the Nevada System of Higher Education?

Yes  
 No

Which institution are you an employee of?  
-- Select a Value --

What is the purpose of your registration?  
What is the purpose of your registration?  
-- Select a Value --

2. Are you a member of the same household as a current employee of the Nevada System of Higher Education?

Yes  
 No

Provide the name of the NSHE employee that resides in your same household.

3. Are you a US Citizen or lawful permanent resident of the US (green card holder)?

Yes  
 No

[Submit](#)

As an individual once complete, your registration process is finished.

### Business Registrations:

If registering as a business or non-U.S. entity, enter your **Supplier Name** and click **Continue**.

### Begin Registration

Please take a second to provide some basic information to begin your registration.

Tax Classification  
US - Limited Liability Company

Supplier Name \*

[Continue](#)

**General Details Information (REQUIRED)**

The screen will refresh and you will be on the first tab Details.

(Optional) Click **Add Alternate Name** to enter a DBA (doing business as) name, leave blank if not applicable.

Provide your **DUNS number** or **Unique Entity ID**, if applicable.

Approval Status: Not Submitted Workday Supplier ID:

Detail Reporting Certification Contact Procurement Payment Attachments Workflow

**Name**

Supplier Name

My Business

**Alternate Names** [+ Add Alternate Name](#)

Doing Business As (DBA)

**DUNS**

Enter DUNS

**Unique Entity ID**

Enter Unique Entity ID

Answer all required registration and conflict-of-interest questions.

Registration Questions

Thank you for your interest in doing business with the Nevada System of Higher Education. At this time, we are processing registrations for suppliers actively engaged with one or more of our campuses.

If you are not currently engaged with a NSHE campus and do not provide a campus contact, your application will be held in a pre-registration status until such time a department seeks to conduct business with your company. At the time of engagement, you may be asked to update the information you've submitted.

1. Which institution(s) do you intend to do business with or be paid by from the Nevada System of Higher Education (NSHE)?

Select all that apply.

Nothing selected

2. Provide the name and email of the contact from NSHE who referred you to register here:

Point of Contact

Conflict of Interest

Regardless of answers below, proceed with completing the registration.

1. Is any employee of the Nevada System of Higher Education (NSHE) or any of the employee's family or household an employee, officer or director of this company?

- Yes
- No

2. Does any employee of the NSHE or any of the employee's family or household have a financial interest in this company?

- Yes
- No

3. If you answered YES to any of the above questions, identify the pertinent individual(s) and their relationship to this company. Provide details below.

Details of conflict \*

When finished, proceed to the next tab Reporting.

**Reporting Information (Optional)**

Choose your **tax classification** from the dropdown.

Enter the **state of legal organization**, then click **Add Tax ID** select your **country, tax type**, and input your **tax ID number**.

Upload a valid **W-9 (U.S.)** or **W-8 (International)** form—this document is required for approval.

Approval Status: Not Submitted Workday Supplier ID:

Detail **Reporting** Certification Contact Procurement Payment Attachments Workflow

**Organization**

Type: US - Limited Liability Company  Non Profit

**State Legally Organized**

State: -- Select a Value --

**Tax (Required where applicable)**

A completed W-9 or W-8 form must be attached. The latest forms can be found at <https://www.irs.gov/>

Tax Ids [+ Add Tax ID](#) [@ Attach Tax File](#)

**Attachments (0)**

File Type	File Name	Uploaded
-----------	-----------	----------

### Certification Information (Optional)

You can upload optional documents such as **business licenses, insurance certificates, and diversity certifications.**

These are not required for registration but may be needed by certain NSHE departments—especially if you perform work on campus or provide specialized services.

Approval Status: Not Submitted Workday Supplier ID:

[Detail](#) [Reporting](#) [Certification](#) [Contact](#) [Procurement](#) [Payment](#) [Attachments](#) [Workflow](#)

**Business License(s) (Not Required)** [+ Add Business License](#) [Attach Business License File](#)

Type	Name	License #	Expiration
Attachments (0) ^			
File Type	File Name	Uploaded	

**Insurance (Not Required)** [+ Add Insurance](#) [Attach Insurance File](#)

Type	Expiration	
Attachments (0) ^		
File Type	File Name	Uploaded

**Diversity Classifications (Not Required)** [+ Add Diversity Classifications](#)

Supplier Diversity Classification	Certification Expiration Date	Certification Number	Certified By	Minority Business Enterprise
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### Contact Information (Required)

Enter a valid **phone number, email address, and physical mailing address.** Assign a **“Used For”** designation to each contact (e.g., Remit To, Orders, Payments, General). You may also include your business’s website, if applicable. Once complete, proceed to the **Procurement** tab.

Approval Status: Not Submitted Workday Supplier ID:

[Detail](#) [Reporting](#) [Certification](#) [Contact](#) [Procurement](#) [Payment](#) [Attachments](#) [Workflow](#)

**Phone** [+ Add Phone](#)

Country	Area	Phone #	Extension	Device	Use For	Primary
---------	------	---------	-----------	--------	---------	---------

**Address** [+ Add Address](#)

Effective Date	Country	Address	Type	Comments	Use For	Primary
----------------	---------	---------	------	----------	---------	---------

### Add Address

Country  
United States of America

Address Line 1 \*

Address Line 2

City \*

State \*  
-- Select a Value --

Postal Code \*

County

Comments

#### Used For \*

- Billing
- Mailing
- Other - Business
- Remit To
- Shipping
- Storage
- Street Address
- Tax Reporting

Add

### Add Phone

Country Code  
United States of America (+1)

Phone Number \*

Extention

Device  
Mobile

#### Used For \*

- Billing
- Remit To
- Shipping

Add

### Email [+ Add Email](#)

**Use For Categories**

- *Billing* – Can be used for billing inquiries.
- *Purchase Order* – Used to able to receive Purchase Orders. By default our system sends the Purchase Order to the primary email. However we can override where the email gets sent to and send it to any email with this value selected.
- *Remit To* – Used to receive remit advices. Our system can send remit advices to only one email address.
- *Shipping* – Can be used for shipping inquiries.

Email Address	Use For	Primary
---------------	---------	---------

### Web Address [+ Add Web Address](#)

URL Address	Primary
-------------	---------

### Add Email

Email \*

#### Used For \*

- Billing
- Purchase Order
- Remit To
- Shipping

Add

### Add Web Address

URL \*

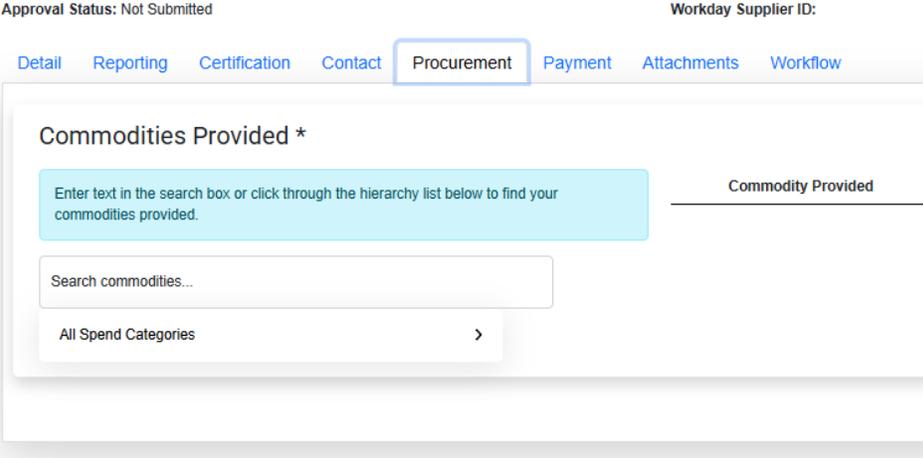
Add

**Procurement Information (Required)**

Select all **commodities or service categories** that best describe the goods or services your business provides.

Use the **search bar** or browse through the category list.

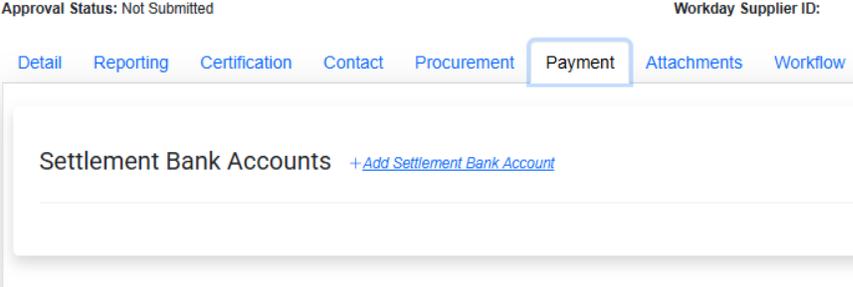
Be sure to add all applicable categories before moving forward.



**Payment Banking Information (Required)**

Click **Add Settlement Bank Account**, and enter your ACH details for US banks:

- Account Type
- Bank Name
- Routing Number
- Account Number



### Add Settlement Bank Account

Country  
United States of America

Account Type \*  
-- Select a Value --

Bank Name \*

Routing Transit Number \*

Account Number \*

Add

### Foreign Vendors:

Change the **Country** selection to your country of origin to view the appropriate WIRE payment requirements.

Country  
United Kingdom

Account Type \*  
-- Select a Value --

Bank Name \*

Branch Name

Bank Sort Code

Account Number

Name On Account

Roll Number

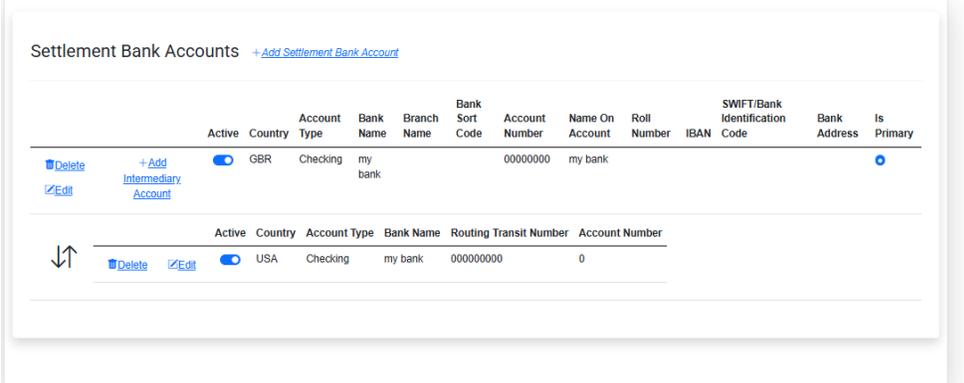
IBAN

SWIFT/Bank Identification Code

Bank Address

Add

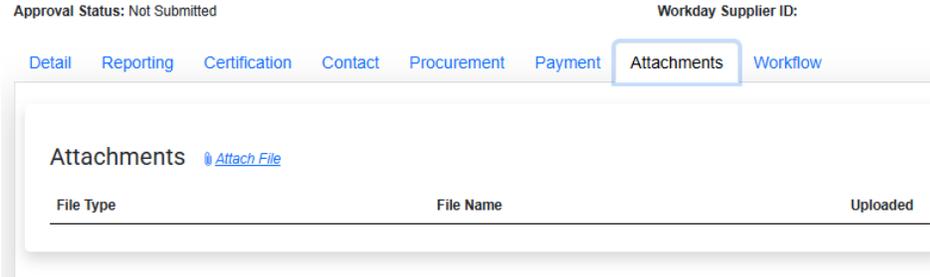
If needed, you may also add an **Intermediary Bank Account** after entering your primary bank information.



When complete with your banking proceed to the **Attachments** tab.

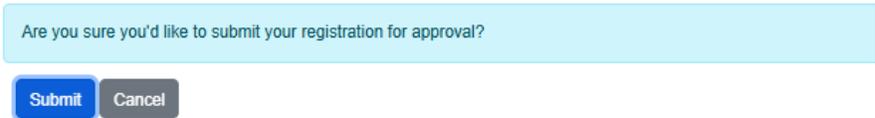
### Attachments (Optional)

You may upload any other **supporting documents** such as tax forms, certifications, or licenses.



When all required and optional sections are complete, click **Save**, then click **Submit** at the top of the page.

### Submit registration



If any red error messages appear, review and correct the indicated fields from the highlighted tab in question, then resubmit.

Save successful.
Click Save at anytime to save your changes.
Click Submit once you have completed everything and are ready to submit your application for approval.
A completed W-9 or W-8 form must be attached. The latest forms can be found at https://www.irs.gov/

My Business Save Submit

Please correct the following:

- Detail
You must answer conflict of interest question 1.
You must answer conflict of interest question 2.

Contact

- You must select a primary Phone.
You must select a primary Address.
You must have at least one Address with Remit To Use For.
You must select a primary Email.

Procurement

- You must select a Commodity.

Payment

- You must add an active settlement bank account.

Approval Status: Not Submitted

Workday Supplier ID:

Detail Reporting Certification Contact Procurement Payment Attachments Workflow

Attachments Attach File
Table with columns: File Type, File Name, Uploaded

Detail Reporting Certification Contact Procurement Payment Attachments Workflow

Phone Add Phone
Table with columns: Country, Area, Phone #, Extension, Device, Use For, Primary

Address Add Address
Table with columns: Effective Date, Country, Address, Type, Comments, Use For, Primary

Email Add Email
Use For Categories
Table with columns: Email Address, Use For, Primary

Once submitted successfully, your status will update to **“Phase 1 Approval.”**  
At this point, your registration is complete and will be reviewed by the NSHE Supplier Registration Team.

My Business

Approval Status: Phase 1 Approval

Detail	Reporting	Certification	Contact	Procurement	Paymer
--------	-----------	---------------	---------	-------------	--------

### Name