LORAY GROUP
GENERAL CONTRACTORS

NEW VENDOR/SUB-CONTRACTOR PACKET
Vendor Invoice and Payment Processing Instructions

Introduction

Loray Group is committed to promptly paying you for your services provided and in order to do so – we have provided the following invoice and payment processing instructions.
We look forward to building a positive working relationship with your company!

Required Documents

IRS Form W-9

Must be completed with the correct/matching name and taxpayer identification number. All payments for services will be reported to the IRS at the end of the year. (FORM ATTACHED)

Certificate of Insurance

Provide an up-to-date General Liability and Worker's Compensation Certificate of Insurance to be on file for all vendors. **This certificate should name Marc & Sam's LLC DBA Loray Group as the certificate holder.**

Type of Insurance:	Minimum Limits:	Required for:
Commercial General Liability	$1 Million each occurrence, $2 Million Aggregate.	All Vendors
Automobile Liability (owned & not owned)	$1 Million each occurrence (or 300k each occurrence plus a 1 Million Umbrella policy)	All Vendors who use automobiles on the client property.
Workers' Compensation	Statutory Limits	Required by law for all vendors

Physical Invoice:

You may submit your invoice via email in PDF or WORD format to contact@loraygroup.com
Always copy the Finance Departments vduarte@loraygroup.com and the project manager who requested your services.

Please send all completed forms and required documents to Our Genral Email

888-627-2726

Contact@LorayGroup.com

Failure to provide us with all required information could result in delay in payment

232 W HAMPTON AVE.
CAPITOL HEIGHTS, MD
20743

(888) 627-2726

CONTACT@LORAYGROUP.COM

LORAY GROUP
GENERAL CONTRACTORS

Invoice requirements:

Please include the following information on your invoice:

- Your Company Name
- Project Name and address where work was performed
- Service date(s)
- Description of Service(s) Provided
- CLEAR price breakdown and totals
- Name of project manager who requested services
- Contact information (address, phone number, and e-mail address)

***A TEMPLATE OF AN ACCEPTABLE INVOICE IS ATTACHED FOR YOUR CONVIENCE.**

Payment Options

Loray Group has several payment options all at no cost to subcontractors. Please choose the most convenient method for you

- Traditional check. May be picked up at our office or mailed to your business address.
- Virtual payments though **BUILDERTREND.**
  - Victual checks that can printed at home and deposited to your bank account per usual
  - Direct Deposit though ACH deposits.

Please visit the BUILDERTEND SUBCONTACTOR HELP CENTER to learn more about the subcontractor portal.

Thank you for your cooperation!
If you have any questions, please contact us
Front Desk: Ext #1
Samuel Garay: Ext #700
Marco Lopez Ext #701
Tim Craft Ext #702
Vivian Duarte #703
Delmi Gonzalez #704
Marco Silvia #705

232 W HAMPTON AVE.
CAPITOL HEIGHTS, MD
20743

(888) 627-2726

CONTACT@LORAYGROUP.COM

CONTRACTOR INFORMATION

Company Name _____

Contact Name(s) _____

Company Address _____

Mailing/Billing Address _____

Services Provided _____

Office Phone _____ **Office Fax** _____

Cell Phone(s) _____ **Other** _____

Email Address(s) _____

EIN (Corporate ID #) _____ or **S.S. Number** _____

Insurance Information

General Liability

Insurance Company _____ **Phone** _____

Worker's Comp - State Exclusion or Independent Contractor Statement (see attached)

Insurance Company _____ **Phone** _____

Please note:

- Checks will not be cut if proper insurance coverage is not in place and current at the time work is performed and checks are processed
- Please note checks are cut every Friday, subject to the attached accounts payable policy.
- Your company will receive a yearly 1099 with a total of all work performed.
- Per our accounts payable policy, please submit a completed IRS Form W-9 with this document.
- You must also provide proof of General Liability and Worker's Compensation insurance along with this setup form. Failure to maintain general liability & workman's comp insurance (if required) will result in termination of your services.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your 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, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

YOUR COMPANY INFORMATION
Name:
Company Name:
Street Address:
City, ST ZIP Code:
Phone #:
Email:

INVOICE

INVOICE # _____
DATE _____

CLIENT INFORMATION:
Company Name: LORAY GROUP
Street Address: 232 W Hampton Ave.
City, ST ZIP Code: Capitol Heights, MD 20743
Phone #: 888.627.2726
Email: CONTACT@LORAYGROUP.COM

Project Name:_____

Address:_____

Project Manager:_____

Description	Amount

Total

Make all checks payable to Company Name
Payments Due _____ Days after receipt

THANK YOU FOR YOUR BUSINESS!

Vendor ACH/Direct Deposit Authorization Form

MARC & SAM'S LLC DBA LORAY GROUP

1. Please Check One:
☐ NEW Direct Deposit ☐ CHANGE Direct Deposit ☐ CANCEL Direct Deposit

2. Vendor/Payee Information
Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number
Email Address

3. Financial Institution Information (Attach VOIDED check or Direct Deposit Authorization)
Bank Name:
Bank Address:
Name on Bank Account:
Bank Account Number:
Nine-Digit Bank Routing /Transit Number (ABA):
Type of Account: ☐ **Business Account** ☐ **Personal Account**

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Marc & Sam's LLC DBA Loray Group- Accounts Payable department to electronically deposit payments to the bank account designated above. It is my responsibility to notify Loray Group immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Loray Group AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Loay Group AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name:_____ Signature:_____ Date:_____

Important Information

Please return completed form via email: **contact@loraygroup.com**

For Office of Accounts Payable Use Only	INTERNAL USE ONLY
AP Reviewed and Approved: _____ Date:_____	Vendor #_____