Career Opportunity
This is not a Federal Position

We are currently accepting applications to fill the following vacancy.

Accounts Payable Specialist
Announcement Number SE-22-0144

| OPEN DATE:      | 04/12/2022 |
| CLOSING DATE:  | 04/26/2022 |
| PAY BAND:      | F          |
| SALARY RANGE:  | $48,000 - $51,000 (Commensurate with Experience) |
| POSITION TYPE: | Trust Fund |
| APPOINTMENT TYPE: | Indefinite |
| SCHEDULE:      | Full Time  |
| DUTY LOCATION: | Washington, DC |

Who may be considered for employment: Open to all qualified candidates eligible to work in the United States. The Smithsonian provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for the application or hiring process, please call 202-633-6409 (TTY).

The Smithsonian Institution is an Equal Opportunity Employer. We believe that a workforce comprising a variety of educational, cultural and experiential backgrounds support and enhance our daily work life and contribute to the richness of our exhibitions and programs. See Smithsonian EEO program information: www.si.edu/oeema

KEY REQUIREMENTS
- Pass Pre-employment Background Check and Subsequent Background Investigation for a position designated as Low Risk
- Complete a 1 year Probationary Period
- Maintain a Bank Account for Direct Deposit/Electronic Transfer
- Males born after 12/31/59 must be registered with Selective Service.
- U.S. employment eligible without sponsorship

For the latest information on the COVID-19 vaccination requirements and its impact on your application, click on Smithsonian Institution’s Frequently Asked Questions.

OVERVIEW
This position is a part of the Accounting Department within Smithsonian Enterprises, reporting to the Accounts Payable Supervisor. Incumbent is responsible for preparing and reconciling accounts for prompt payment. Position provides data processing and payment support necessary to pay the obligations of SE, working primarily with the Island Pacific SE Retail merchandising system, Lawson Accounting System, EasyAccess, and EasyContent Manager.
ESSENTIAL DUTIES AND RESPONSIBILITIES include, but are not limited to, the following:

- Process vendor invoices for merchandise, supplies, and services through the EasyAccess Accounts Payable module, including entering, matching, batching, and assigning for approvals.
- Work with Vendors and Buyers to research and resolve any item price discrepancy and/or quantity on invoices as compared to the approved purchase order.
- Process freight invoices using the automated freight/purchase order allocation system and the Island Pacific Freight and Duty Log.
- Monitor and track all merchandise freight invoices and coordinate approvals from the Buyers.
- Reconcile Island Pacific Freight and Duty Log on a weekly basis; research and resolve differences.
- Enter, post, and reconcile invoice batches in the Lawson accounts payable system, submit for review and requisite approvals.
- Review invoice payment terms and recognize appropriate discounts, promptly paying all invoices.
- Prepare the Island Pacific and Lawson check runs in compliance with the SE Accounting Close calendar; obtain requisite approvals, and issue checks, wires, and ACH payments.
- Review new vendors and vendor updates in both Lawson and Island Pacific.
- Ensure compliance with all current Privacy guidelines surrounding vendor information.
- Review Accounts Payable batches created by Accounts Payable colleagues.
- Review and reconcile vendor statements, working with Vendors, Buyers, and Accounts Payable/Inventory colleagues, ensuring resolution of outstanding items.
- Process monthly stock transfers between Random House and retail stores.
- Review, research, and match aged receipts in preparation for the quarterly unmatched receipts deletion process.
- Participate in annual Form 1099 review and verification.
- Participate in offsite physical inventories as assigned.
- Support internal and external audits by preparing and providing required analysis and/or supporting documentation for all areas of responsibilities.
- Train and mentor other staff as necessary in accounting procedures and processes.
- Document accounting procedures and processes for all areas of responsibilities; review, provide recommendations for improvements, and update existing procedures as necessary.

Education/Knowledge /Qualifications:

High school diploma or general education diploma (GED); and 5-6 years related Accounts Payable experience.

- Knowledge of Accounts Payable best practices, auditing practices, and generally accepted accounting policies and procedures sufficient to verify payables information, review reports, and process adjustments.
- Ability to independently perform assignments using conventional methods and techniques.
- Knowledge of accounting systems and processes applicable to the accounting function.
- Meticulous attention to detail required, as well as reliability, accuracy, and timeliness in performance of responsibilities.
- Experience gathering, assembling, consolidating, and analyzing data.
- Strong written and oral communication skills.
- Ability to establish and maintain effective relationships with and gain the cooperation of all levels of staff to resolve problems and provide advice and assistance.
- Ability to work with multiple systems to process and obtain information.
- Proficient with Microsoft Office applications.
Applicants, who wish to qualify based on education completed outside the United States, must be deemed equivalent to higher education programs of U.S. Institutions by an organization that specializes in the interpretation of foreign educational credentials. This documentation is the responsibility of the applicant and should be included as part of your application package.

Any false statement in your application may result in your application being rejected and may also result in termination after employment begins.

Smithsonian Enterprises is a division of the Smithsonian Institution, the world’s largest museum and research organization. Established in 1846 with a bequest from English Scientist James Smithson, the Institution currently encompasses 19 museums and galleries, the National Zoo and 9 research centers. The Smithsonian has facilities in 7 states, the District of Columbia and the Republic of Panama supporting over 6,200 employees.

Smithsonian Enterprises operates retail, media, product development, licensing and other services which promote the Smithsonian mission while generating an essential source of unrestricted funding for the Institution. By providing products and services that reflect the mission of the museums and research centers, Smithsonian Enterprises plays a critical role in advancing the Institution’s mission: the increase and diffusion of knowledge.

Smithsonian Enterprises encompasses Smithsonian and Air & Space magazines, Museum stores, Restaurants, IMAX theaters and the Smithsonian Catalog, Consumer products, Educational travel, e-commerce, and commercial media enterprises in book publishing and the Smithsonian TV Channel.

The Smithsonian Institution values and seeks a diverse workforce. Join us in "Inspiring Generations through Knowledge and Discovery."

Please forward a resume, salary requirements and cover letter to: SECareers@si.edu
Application materials submitted without salary information will not be considered.

Once the vacancy announcement closes, a review of your resume will be made compared to the qualifications and experience as it applies to this job. What to expect next: After a review of applicants is complete, qualified candidates résumé’s will be referred to the hiring manager.

Relocation expenses are not paid.

The Smithsonian offers a number of exceptional benefits to its employees who qualify. Benefit programs include:

Health, Dental & Vision Insurance, Life Insurance, Transit/Commuter Benefits, Accidental Death and Dismemberment Insurance, Annual and Sick Leave, Family Friendly Leave, 403b Retirement Plan, Discounts for Smithsonian Memberships, Museum Stores and Restaurants, Credit Union, Smithsonian Early Enrichment Center (Child Care), Flexible Spending Account (Health & Dependent Care)

We ask that the attached Applicant Survey Form be completed by all candidates, except Smithsonian Institution employees, and returned with application materials. This form is for gathering statistical information and will not be included as part of the application.
YOUR PRIVACY IS PROTECTED

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Thank you for helping us to provide better service.

1. How did you learn about this position? (Check One):
   □ Agency Internet Site recruitment
   □ Private Employment Web Site
   □ Other Internet Site
   □ Job Fair
   □ Newspaper or magazine
   □ Agency or other Federal government on campus
   □ School or college counselor or other official
   □ Friend or relative working for this agency
   □ Private Employment Office
   □ Agency Human Resources Department (bulletin board or other announcement)
   □ Federal, State, or Local Job Information Center
   □ Other

2. Sex (Check One):
   □ Male
   □ Female

3. Ethnicity (Check One):
   □ Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
   □ Not Hispanic or Latino

4. Race (Check all that apply):
   □ American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
   □ Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
   □ Black or African American - a person having origins in any of the black racial groups of Africa.
5. Disability/Serious Health Condition

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

A. Do you have any of the following? Check all boxes that apply to you:

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Missing an arm, leg, hand, or foot
- Paralysis: Partial or complete paralysis (any cause)
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a legbrace to walk
- Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or majordepression
- Intellectual Disability (formerly described as mental retardation)
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder
- Traumatic Brain Injury
- Dwarfism
- Epilepsy or other seizure disorder
- Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearingimpairment (if this applies to you, please go to Section A.1.)

If you did not select one of the options above, please indicate whether:

- None of the conditions listed above apply to me.
- I do not wish to answer questions regarding disability/health conditions.

A.1. Other Disability or Serious Health Condition (Optional)

You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information.

Please check all that apply:

- I do not wish to specify any condition.
- Alcoholism
- Cancer
- Cardiovascular or heart disease
- Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment
- Depression, anxiety disorder, or other psychological disorder
- Diabetes or other metabolic disease
- Difficulty seeing even when wearing glasses
- Hearing impairment
- History of drug addiction (but not currently using illegal drugs)
- HIV Infection/AIDS or other immune disorder
- Kidney dysfunction: for example, requires dialysis
- Learning disabilities or ADHD
- Liver disease: for example, hepatitis or cirrhosis
- Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
- Morbid obesity
- Nervous system disorder: for example, migraine headaches, Parkinson’s disease, or multiplesclerosis
- Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
- Orthopedic impairments or osteo-arthritis
- Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB
- Sickle cell anemia, hemophilia, or other blood disease
- Speech impairment
- Spinal abnormalities: for example, spina bifida or scoliosis
- Thyroid dysfunction or other endocrine disorder
- Other. Please identify the disability/health condition, if willing:

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

Privacy Act Statement: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form. Purpose and Routine Uses: The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. Effects of Nondisclosure: Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.