



**MUST BE COMPLETED AND SIGNED BY VENDOR**

## Information Required

### Vendor Authorization Form and Substitute W9

As of July 2008, the University of Minnesota has converted to a new financial system. To take full advantage of the additional functionality, we need to obtain the most current information for your organization regarding purchases, payments and tax information. To continue doing business with the University, and not experience a delay in payment, all vendors are required to submit an updated Vendor Authorization and Substitute W9 form.

Please complete **and sign** the attached form and return **all** pages. Responses should be returned to the department contact listed on the top of the form. If your company does business with the University under multiple Tax ID's please complete a separate form for each Tax ID.

Thank you for your prompt attention to this request. If you have any questions about completing this form, please contact the department listed on the top of the form or email your questions to [disbsvcs@umn.edu](mailto:disbsvcs@umn.edu).



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Form with checkboxes for New Vendor and Vendor Change, and a field for Vendor #.

Department Instructions: Please have the vendor complete/ sign the authorization form and return the form to you for review. Fax the completed/signed form to Disbursement Services at 612-624-9562. Allow 3-5 days for notification of vendor number.

Table with 4 columns: Return form to University Department, Date, Department Name, DeptID, Email Address, Phone #, Fax #, Department Street Address. Includes data for Denis Larson, DeptID 10245, and address 400 Donhowe Building.

Addresses

Purchase Order Mailing Address (Required)

Form for Purchase Order Mailing Address with fields for Vendor Name, Address Line 1, Address Line 2, City, State, ZIP, Phone #, and Email.

Purchase Order Dispatch Method (The University of Minnesota preferred dispatch method for Purchase Orders is Email)

Form with checkboxes for Email to and Fax to.

Remit To (address to send payment) Same as Purchase Order Address

Form for Remit To address with fields for Vendor Name (if different from above), Address Line 1, Address Line 2, City, State, and ZIP.



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Remit to Primary Contact, Remit to Fax #, Phone #, Email

1099 Reporting (address to send 1099) Same as Purchase Order Address, Same as Remit Address

Vendor name (if different from above), Address Line 1, Address Line 2, City, State, ZIP

Certified Target Group Business Section (For WMDBE Businesses Only)

The University tracks expenditures with businesses owned and operated by women, minority and disabled persons (Targeted Businesses). Business that are CERTIFIED as women, minority or disabled owned business should complete this section to ensure accurate record keeping.

- Minnesota Minority Supplier Development Council (MMSDC)
National Minority Supplier Development Council (NMSDC)
Small Business Administration (SBA) - Central Contract Registry (CCR)
CERT Program (Only MBE and WBE certifications recognized)
State of Minnesota Department of Administration

Check all that apply

Type of Minority (please check if applicable) Not Applicable

African American/Black, Alaskan Native, American Indian/Native American, Asian American, Asian Indian, Asian Pacific, Hispanic, Educational Institution, Historically Black College/University, Minority Institution, Native American Tribe, Other (list)

Applicable Certifications (please check if applicable) Not Applicable

Woman Owned, Other Veteran Owned Small, Small Disadvantaged Business, Disabled Owned, Federal (SBA) Small, 8(a) Small Business, HUBZone, Minnesota State Small, Service Disabled Owned (VOSB), Minority Owned

Business Size

Businesses should refer to Small Business Administration (SBA) size definitions. The definition varies by industry and can be found at:

http://www.sba.gov/services/contractingopportunities/sizestandardstopics/summarywhatis/index.html

Small Business and registered in CCR, Large Business



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Vendor Information and Tax Identification Number

Vendor Name used by IRS

Business Name if different from Above or DBA (Doing business As) Name

Record tax identification number below in the appropriate box. The TIN provided must match the name used by the IRS for tax purposes to avoid backup withholding. For individuals this is your Social Security number (SSN). For other entities this is your Employer Identification Number (EIN). For Non-Resident Aliens enter your IRS Taxpayer Identification Number (ITIN). IF you have applied for a US Tin write "applied for" in the appropriate box.

TIN/EIN # SSN #

ITIN # No SS#/TIN#

Type of business

Corporation Partnership Individual/Sole Proprietor Limited Liability Company Exempt from Backup withholding Non Profit/501(c) Entity Government Entity US Agent of Foreign Person/Entity Foreign Nonresident Individual Foreign Entity (other than individual)

Type of Purchase or Payment

Goods Services Auditor Attorney Performer Speaker/Lecturer Consultant Royalties

Do you provide Medical Services

Yes No

Other Describe services

Location where services will be provided

Certification by Vendor

As a nonresident alien, I certify that all information provided in this document is correct.

-----OR-----

As a U.S. person or resident alien, I certify that all information provided in this document is correct. In addition, under penalties of perjury I certify that:

- 1. The number on this form in the Vendor Information and Tax Identification Number section above is the 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. Person (including a U.S. resident alien)

You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature Date

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.