



# EMORY UNIVERSITY

## PROCUREMENT & PAYMENT SERVICES

### Supplier/Individual Information Form

This form is used to establish or update a record within the Emory University Procurement & Payment Services' system and meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications for Federal procurement reporting and claims for exemption, and internal requirements for supplier establishment. This form is to be completed in the place of the Federal W-9 form. International individuals/entities should complete the appropriate W-8 form.

**FORM INSTRUCTIONS:**

The Emory University employee that is requesting goods or services from the supplier must complete the Emory University Contact Information portion of this form. The supplier is to complete the remaining portions of this three-page form and return to the employee requesting the goods or services. This form should then be submitted to Emory University Procurement and Payment Services. Do not return this form to the IRS.

**NOTE TO SUPPLIER:** Submission of this form **does not** authorize a supplier to provide goods or services to Emory University until the supplier is notified by Procurement.

#### Emory University Contact Information *(This must be completed by an Emory University employee before sending the form to the supplier.)*

Employee Name:  Emory Email:   
 School/Department:  Campus Phone:

#### Supplier/Individual Name and Information

Legal Name:  DBA Name, if different:   
 DUNS Number:  Foreign ID:   
 Contact Name:  Phone:  Email:

TIN (select one)  Employer Identification Number (EIN)  Social Security Number (SSN) Taxpayer Identification Number:

Entity Type (select one)  Individual/sole proprietor or single member LLC  C Corporation  S Corporation  Partnership  Trust/estate  Foreign  
 Limited liability company (LLC)  
 If LLC, select tax classification:  C Corporation  S Corporation  Partnership  
 Note: For a single-member LLC that is disregarded, do not check LLC. Instead, check the appropriate box above for the tax classification of the single-member owner.  
 Other (explain):   
 Exemption Code:   
 Exemption from FATCA reporting, if any:

Legal Mailing Address  
 Line 1:   
 Line 2:   
 City/State/Zip:   
 Website:  Phone:   
 Email:  Fax:

Ordering Address (if different than above)  
*This does not apply to Individuals.*  
 Method to receive orders:  Email  Fax  
 Line 1:   
 Line 2:   
 City/State/Zip:  Phone:   
 Email:  Fax:

Remit To Address, (if different than above)  
 Line 1:   
 Line 2:   
 City/State/Zip:  Phone:   
 Email:  Cash Discount Payment Terms:

#### Certifications

Under penalties of perjury, I certify by signing below that

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- 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.
- My firm is not currently debarred, suspended, or proposed for debarment by any federal entity and I agree to notify Emory University Payment Services of any change in status.
- My firm does not currently have any employees, vendors, or other types of contractual relationships in place with parties on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated National (SDN) List. This list can be found at the following URL: <http://www.ustreas.gov/offices/enforcement/ofac/sdn/>
- Are you a U.S. citizen or other U.S. person as defined in the U.S. Department of Treasury Form W-9?  Yes  No
- Are you or any Officer, Owner or Partner in this company an employee of Emory University?  Yes  No
- Is a direct family member of any of the above an Emory University employee (spouse, partner, etc.)?  Yes  No
- Does your firm agree to Emory's payment terms of Net30?  Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# EMORY UNIVERSITY

## PROCUREMENT & PAYMENT SERVICES

Legal Name:

DBA Name, if different:

### Business Classification & Diversity Information

*(This does not apply to Individuals.)*

All suppliers must select either "Large Business Concern (LBC)" or "Small Business Concern (SBC)" from the options below. Additionally, everyone should select any sub-classification that applies and multiple sub-classifications may be appropriate. Failure to complete this Section of the form could result in payment delays.

**Large Business Concern (LBC)**  
Dominant in field of operations per Federal Acquisitions Circular (FAC 9.201).

**Sub-classifications:**  
(select all that apply)

**Minority-Owned Business (MBE)**  
Minimum 51% owned, controlled and operated day-to-day by one or more minority individuals; includes the following categories

- African American
- Hispanic American
- Asian-Pacific American
- Asian-Indian American
- Native American (American Indian, Eskimo, Aleut, Native Hawaiian)

**Woman-Owned Business (WBE)**  
Minimum 51% owned and controlled by one or more women who have active involvement in day-to-day operations.

**Small Business Concern (SBC)**  
Independently owned and operated, and meets industry size and receipt requirements for small businesses per SBA 13 CFR 121. Section 3 of the Small Business Act.

**Sub-classifications:**  
(select all that apply)

**Small Disadvantaged Business (SDB)**  
Minimum 51% owned, controlled and operated day-to-day by one or more socially disadvantaged individuals. May be Section 8(a)-certified per 13 CFR 124.1002. Small Disadvantaged Ethnicity definitions include the following categories

- African American
- Hispanic American
- Asian-Pacific American
- Asian-Indian American
- Native American (American Indian, Eskimo, Aleut, Native Hawaiian)

**Woman-Owned Small Business (WOSB)**  
Minimum 51% owned, controlled and operated day-to-day by one or more women.

**Historically Black Colleges/Universities & Minority Institutions**  
An institution determined by the Secretary of Education to meet the requirements of 34 CFR Section 608.2. The term also means any nonprofit research institution that was an integral part of such a college or university before November 14, 1986.

**HUBZone Small Business (HUB Zone)**  
SBA certified; is small and is located in an 'historically underutilized business zone' and is owned, controlled and operated at least 51% by U.S. citizens and at least 35% of employees reside in HUB zone.

**Veteran-Owned Small Business (VOSB)**  
Minimum 51% owned, controlled and operated day-to-day by one or more U.S. veterans.

**Service Disabled Veteran-Owned Small Business (SDVOSB)**  
Minimum 51% owned by one or more service-disabled veterans (if publicly owned, minimum 51% of the stock is owned by one or more service-disabled veterans), and the management and daily business operations of which are controlled by one or more service-disabled veterans (if permanently and severely disabled, by their spouse or primary care giver).

**Alaskan Native Corporations (ANCs) & Indian Tribes**

**Registered in System for Award Management (SAM)**

### Additional Information

Information about becoming a new supplier at Emory University can be found online by visiting the Procurement & Payment Services website, including information about doing business on campus, preferred payment methods, and our Supplier Code of Ethical Conduct. URL: [https://www.finance.emory.edu/home/Procure\\_and\\_Pay\\_for\\_suppliers/](https://www.finance.emory.edu/home/Procure_and_Pay_for_suppliers/)

Emory University Procurement seeks opportunities to foster relationships with qualified small and diverse businesses. More information can be found online by visiting the Office of Supplier Diversity website. URL: [https://www.finance.emory.edu/home/Procure\\_and\\_Pay/supplier\\_diversity/](https://www.finance.emory.edu/home/Procure_and_Pay/supplier_diversity/)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# EMORY UNIVERSITY

PROCUREMENT & PAYMENT SERVICES

## ACH Payment Authorization Form

### Vendor Information

Vendor Name \_\_\_\_\_

Vendor Division Name \_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Primary Contact Name \_\_\_\_\_

Vendor Primary Contact Phone \_\_\_\_\_

Vendor Primary Contact Email \*

\* Remittance information will be sent to this email address.

### Banking Information

Name of Receiving Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

Bank Contact Phone \_\_\_\_\_

Bank Contact Email \_\_\_\_\_

### Vendor Authorization

We hereby authorize, with the signature below, Emory University Payment Services to deposit all payments into the above referenced account.

Vendor Authorized Signature \_\_\_\_\_

Authorized Signer's Title \_\_\_\_\_

Authorized Signer's Phone \_\_\_\_\_

Date of Signature \_\_\_\_\_

---

### For Emory Payment Services Use Only

Emory Vendor ID (PeopleSoft) \_\_\_\_\_

Bank Information Entered on \_\_\_\_\_

Bank Information Entered by \_\_\_\_\_

Vendor Maintenance Information Verified by \_\_\_\_\_