



OHIO
UNIVERSITY

Supplier/Payee Information Form

Purpose of form Provide information for a new supplier Update Information for existing supplier (For updates, **MUST** provide Name/Legal Name, SSN/EIN, and changed information.)

Supplier/Payee Information

Name - (Enter full name here (Last, First, MI) as shown on your income tax return) Required

Legal Business Name/Disregarded Entity Name (if different from above)

Alias/DBA Name (if applicable)

Permanent Address (number & street or P.O. Box) Required

City, State/Province, Country and Zip Code

Phone

Fax

Email

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given to avoid backup withholding. For individuals, this is generally your social security number (SSN). For other entities this is your employee identification number (EIN).

Social Security Number (SSN)

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Employer ID Number (EIN)

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General Information (select all that apply):

- OU Employee
 OU Former Employee
 Current OU Student
 OU Retiree
 None of the Above

State what you will be providing to Ohio University: Product Service Both Other

Description: _____

DUNS Number

Country of Primary Operations

US Other

Location of Service

Standard Freight Terms

Do you anticipate that it will be necessary to interact with any foreign officials on behalf of Ohio University?

Yes No

Is any owner (or family member of an owner) an official of a foreign government?

Yes No

Primary Commodity NAICS # <https://www.census.gov/eos/www/naics/>

Residency Status

U.S. Citizen

Resident Alien

Non-Resident Alien

Country of Citizenship _____

US Citizen or Entity Yes No

If **YES**, a completed Form W-9 must be attached for all U.S. Citizen/Legal Permanent Resident Alien.

If **NO**, a completed W-8 must be attached for Non-Resident Alien:

- (1) Form W-8BEN must be completed and attached for services performed (by a foreign individual) in the U.S. for royalties, interests, dividends, rent on property located in the U.S., or scholarships paid to non-OU student for study in the U.S.
- (2) Form W-8BENE must be completed for services performed (by a foreign entity) in the U.S., for royalties, or for rent on property located in the U.S.
- (3) Form W-8EXP must be completed for services performed (by a foreign government, International Organization, Foreign central bank of issue (not wholly owned by the foreign sovereign), Foreign tax-exempt organization, Foreign private foundation, or Government of a U.S. possession.

NOTE: W-9 or W-8 forms can be found at: <https://www.irs.gov/forms-pubs>

Federal Supplier Certification US-based Suppliers (check all that apply):

Complete the following section with classification status as defined in the Federal Acquisitions Regulations (FAR) http://farsite.hill.af.mil/reghtml/regs/far2afmcfars/farfars/far/52_215.htm#P1090_189414

- Small business concern
 Located in HUBzone
 Historically Black Colleges & Universities/Minority-based Institutions
 Number of Employees _____
 Veteran-owned Business
 Service-Disabled Veteran Disadvantaged Business
 Women-owned Business
 Alaska Native Corporations and Indian Tribes

Ohio Supplier Certification Ohio-based Suppliers (check all that apply):

Complete the following section for all applicable Ohio Supplier Certification below: See Think Ohio First <https://procure.ohio.gov/proc/scorecards.asp>

- Minority Business Enterprise (MBE). See <https://eodreporting.oit.ohio.gov/searchMBE.aspx> to verify status & attach your current MBE Certification.
 Encouraging Diversity Growth & Equity (EDGE). See <https://eodreporting.oit.ohio.gov/searchEDGE.aspx> verify status & attach your EDGE Certification.
 Ohio-Based Supplier. Reference Buy Ohio (Ohio Revised Code See <http://codes.ohio.gov/> Sections [125.09](#) and [125.11](#)).

No Findings for Recovery: The Supplier warrants that it: **is** **OR** **is not** subject to any "unresolved" finding for recovery under Ohio Revised Code Section 9.24.



Supplier/Payee Information Form (Continued)

Send Purchase Order to: **For multiple addresses attach on company letterhead* **Is this a replacement Address?** Yes No

Address (number, street, apt or suite no.)	Phone	Fax
City, State/Province, Country and ZIP Code	Email Address (all Purchase Orders will be sent here)	

Remit Payments to: **For multiple addresses attach on company letterhead* **Is this a replacement Address?** Yes No

Important Note: Invoices submitted must match this section to be paid.

Address (number, street, apt or suite no.)	Phone	Fax
City, State/Province, Country and ZIP Code	Email Address (all remittance information will be sent here)	

Electronic Funds Transfer **Cancel Electronic Funds Transfer** Yes No **Is this a replacement Bank Account?** Yes No

To help ensure timely payment, please provide bank instructions in order to receive your payments via Electronic Funds Transfer. Electronic Funds Transfer is **ONLY** available for U.S. bank accounts.

Bank Name: _____	Bank Routing Number: _____
Bank Address: _____	Bank Account Number: _____
City, State, Zip: _____	Account Type <input type="radio"/> Checking <input type="radio"/> Savings

By completing this Electronic Funds Transfer section, I authorize the Treasurer of Ohio University to direct deposit all payments, to the above supplier from the University Accounts Payable Office, into the account in the Financial institution named above. The Authorization will remain in effect until a valid new form or forms changing this authorization are submitted.

If possible, please attach a voided check for this account.

Certification

Under penalties of perjury, I certify that the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees, which include Ohio University. Section 2921.42 of the Ohio revised code prohibits public employees and their families from contracting with Ohio University in most instances. I also certify that the company is not debarred in accordance with Federal Acquisition Regulation (FAR) Section 9.4 from receiving federally funded procurements and I certify that the company has no "unresolved findings for recovery" under Ohio Revised Code Section 9.24.

*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.

Sign Here	Printed Name ▶	Signature ▶	Title ▶	Date ▶
Form Preparer	Name ▶	Phone ▶	Email ▶	

General Instructions

New Suppliers - Please complete all sections of this form. Submit this form, along with the appropriate W-9/W-8 forms.

Current Suppliers - To make changes to previously submitted information, please complete the green shaded areas of the form (Name, Legal Business Name, SSN or EIN) and mark the sections that you need to change. If you are changing your TIN (tax identification number) or Supplier/Payee Name, please include an updated W-9/W-8 form that supports the change. You may submit updated information directly to Supplier Management (Ohio University, 1 Ohio University Drive - WUSOC 213; Athens, OH 45701 or FAX: 740-593-9890)

Official Use Only:

Supplier # Assigned: _____ Approved by: _____

Maintained by: _____ Date: _____

Supplier in Visual Compliance? Yes No

Return form to:

Department Contact	
Department	Phone
Fax	Email

If "Return form to" is blank, Return by mail to: Supplier Management, 1 Ohio University Drive, WUSOC 213, Athens, OH 45701 or by Fax 740-593-9890.