



Please select one:

☐ New Vendor

Legacy Vendor ID (office use only) :

☐ Vendor Update

Vendor ID in Banner (office use only) :

Company/Individual Name on IRS Record		Phone	Fax
Company DBA name – <i>Payments will be made payable to this name</i>		Phone	Fax
Contact Name		Phone	Fax
Commodity/Service Code (select from attached table-Required)	Description of Product/Services offered to the University (Required)		
[PR/PO] Primary Business Address/Purchase Order Information		Phone	Fax
(PO Box or Street, City, State, 9-Digit Zip)		E-Mail Address and/or Company Website	
Contact Name		Title	
[RE] Remit To Information (if different from above) <i>Mailing address for checks and 1099 reporting</i>		Phone	Fax
(PO Box or Street, City, State, 9-Digit Zip)		E-Mail Address	
Contact Name		Title	
[RQ] Bid/Quote/Proposal Information (if different from above)		Phone	Fax
(PO Box or Street, City, State, 9-Digit Zip)		E-Mail Address	
Contact Name		Title	
[RG] Product Return Information (if different from above)		Phone	Fax
(Street, City, State, 9-Digit Zip)		E-Mail Address	
Contact Name		Title	
Do you currently have ACH capabilities? If not, indicate a possible future date for receiving payments electronically: ☐ Yes ☐ No			
Relationship Disclosure (check all that apply):			
[R1] ☐ Yes ☐ No Are you or any Officer, Director, Owner or Partner in this company an employee of Missouri State University			
[R2] ☐ Yes ☐ No Is a direct family member of any of the above an employee of Missouri State university (direct family member includes spouse/partner or minor child)			
[R3] ☐ Yes ☐ No Does any University employee have an ownership interest in your firm? If yes, What percentage? _____			
[R4] ☐ Yes ☐ No Missouri State Alumni?			

IRS Business Classification (<i>Must Check One</i>) [IS] ☐ Individual/Sole Proprietor [CP] ☐ Corporation [PR] ☐ Partnership [LL] ☐ Limited Liability Entity (<i>D-Disregarded entity, C-Corporation, P-Partnership</i>) [OT] ☐ Other _____		Check all that apply: <i>If certified, please attach copy of certification with this form</i> [SM] ☐ Small Business [WO] ☐ Woman-owned Business Enterprise (WBE) [MN] ☐ Minority-Owned Business Enterprise (MBE) [HZ] ☐ HUB Zone [SD] ☐ Small Disadvantages Business (SDB) [SV] ☐ Service-disabled Veteran small business [VO] ☐ Veteran-Owned Small Business [HB] ☐ Historically Black Colleges & University/Minority Institutions	
Select if you maintain a regular place of business in the state of Missouri [MF] ☐ Missouri Firm			
Select Income Type, if applicable : [MD] ☐ Physician or Medical/Health Provider [AT] ☐ Attorney or Legal Firm [FB] ☐ Missouri Non-Resident Entertainer as determined by (office use only): University Dept: _____ Staff Initials: _____			
Substitute IRS Form W-9 Certification			
Part I : Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on Page 1 to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).		Social Security Number OR Employee 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 (and authorized to sign an IRS Form W-9) 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. <i>For additional information refer to the website link below: www.irs.gov and go to Form W-9</i>			
Sign Here	Signature of U.S. Person	Date	
Printed Name:			
Title:			
Mail/Fax completed form to: Office of Procurement Services 901 South National Avenue Carrington Hall 106, Springfield, MO 65897 Phone: 417-836-5260 Fax to: 417-836-6583 Website: www.MissouriState.edu/Procurement		If your business relationship is <u>only</u> with our West Plains campus Business Services Missouri State University-West Plains 128 Garfield, West Plains, MO 65775 Phone: 417- 255-7260 Fax to: 417-255-7259 Website: www.wp.MissouriState.edu/BusinessServices	
05.03.08			