	FOR OPT USE ONLY: J#	
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## Department of Purchasing and Travel

### **VENDOR REQUEST FORM**

A completed form is required prior to adding your company/agency 's name to the Jackson State University's vendor database. Please type or print legibly. You may fax the form to 601-979-0706 or scan and email the form to purchasing@jsums.edu.

To be processed, a direct deposit form must accompany this form.

Vendor Name		Tax ID #/SSN				
		Туре	of Business			
C Sole Proprietor		OLC OCorporation				
(Partnership		○Non-Pi	rofit	COther (	Specify)	
Orde	er Address			Paymen	t Address	
Address			Address			
Clty	ST	Zlp	City		ST	Zlp
Contact Person:						
Phone Number			Fax Number	•		
Emall Address			Website:			
Commodity/Service Provi se separate sheet if needed	vlded					
he Information requested b	elow is required and	I will be used for data	collection purposes only.	Busines	Profile (check	all that apply)
	○ Certified	Certifyin	g Agency			
○ Minority BE	Ċ	Woman BE	∩ Disadvan	taged BE	O s	mall BE
		Conflict of Inter	est Statement			
oes any University emplo				⊖Yes	ON₀	
oes Jackson State Univers arty's immediate family) t you answered "Yes" to an entify the individual(s) an	hat has a 5% or g y of the Conflict o	reater ownership in f Interest Statemen	terest in this company? (	∴Yes	CNo	
ame	- · · · · · · · · · · · · · · · · · · ·		Date			
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irchaelna			•			··

# Jackson State University �Office of Financial Services Vendor Authorization Form Direct Deposit

<u> </u>			
Vendor's Name			
Address	Andrew Control of the		
City		State	Zip Code
J Number	Name and the second sec		
•	The employee/student has the rig	the enoughly or rescind this author	uńzatkon at anytime.
PLEASE CHECK ALL THAT APPL	Υ.		
Mew Application	Change of	Financial Institution	Cancel Authorization
			h the following information. mestic (U.S.) financial institutions.
Bank Name		City	State
TYPE OF ACCOUNT - PLEA	ASE CHECK ONE:	,	,
Checking or Money	Market Λccount	lattach a voided check beloss to	verily account information)
Savings Account			
TRANSIT ROUTING (ABA)		· · · · · · · · · · · · · · · · · · ·	Contact your financial Institution for the number
NUMBER	<u> </u>		(must be validated by linuncial institution)
ACCOUNT NUMBER			
hereby authorize:	(1) Jackson State University (2) My financial institution to (3) Jackson State University account for any incorrect cre	o credit my account, and to initiate and my financia	Institution to make adjustments to my
iccount, close my account,	or change financial institutio	ns. All requests for change	ion must be completed if I change my es should be submitted to Jackson State Ition(s) to process appropriate
Signature		Date	
imail		Phone Numb	er
		Indention and the second	
	APLE D CHECK	RETURN TO: JACKSON S' OFFICE OF F JACKSON, M	INANCIAL SERVICES, P. O. BOX 17250

Form W-9
(Rey. October 2007)
Department of the Treasury
Internet Revenue Service

#### Request for Taxpayer **Identification Number and Certification**

Give form to the requester. Do not

	roect of the Treasury 5 Resense Service			saud to the ine.			
2	Name (as shown o	n your knoome tax return)					
98ad 65	Business name, il different from above						
Print or type Specific instructions	Check eppropriate Limited Sability Other (see Instru	☐ Exempt payeo					
Print of the print	Address (number, e	nd eddrese (optional)					
Bed	Oily, state, and ZIP	code					
8	Ust eccount number	si account number(s) hera (optional)					
Parl	Texpaye	r Identification Number (TIN)					
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident							
allen, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.							
Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose member to enter.							
Part	Certificat	lon					
Under (	penalties of perjuny	, I contily that:					

- 1. The number shown on this form is my correct texpayer identification number (or I am waiting for a number to be issued to me), and
- 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 (IRB) 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. clibren or other U.S. person (defined below).

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 felled 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 properly, 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. See the instructions on page 4.

Here

Signature of U.S. person ▶

Doto ▶

#### General Instructions

Section references are to the internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your cornect taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or ebandonment of secured property, cancellation of dabt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TiN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving to correct (or you are waiting for a number to be leaved)
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payes. If applicable, you are also certifying that as a U.S. parson, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding lex on foreign partners' share of effectively connected income.

Note, if a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. porson. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section

Special rules for partnerships, Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to cetablish your U.S. status and avoid withholding on your share of partnership income. Income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity.