

Instructions for the Vendor Information Form

U of I Department Requesting Vendor Payment Instructions

Complete the section below entitled "UI Department Requesting Information" prior to sending form to the vendor. This section must be completed for the form to be processed.

Instructions for the Vendor

Step 1 -- Complete the form

You may use this form in two ways:

- Enter your information (begin with Section 1 - Tax Information). Print the form, sign it, and submit to the address below.

OR

- Print the form first, provide your information (begin with Section 1 - Tax Information), sign it, and submit to the appropriate address below.

Step 2 -- Submit the Form

To help ensure the security of your tax identification information, return this form directly to:

Mail: Vendor Maintenance Department
616 East Green Street, Suite 210
Champaign, IL 61820

Fax: (217) 239-6850
You do not need to mail a hardcopy.

Non-Resident Aliens -- Return the completed and signed W8BEN along with this Vendor Information Form to the requesting department contact listed on Page 1.

UI Department Requesting Information

Today's Date _____

New Vendor Update Existing Vendor

U of I Department name _____

Contact Person _____

Phone Number _____ E-mail _____

Campus Chicago Springfield Urbana/Champaign

Transaction Purchase Order Invoice Voucher

Add to iBuy Yes No

Types of Goods and Services Provided

Goods Services Attorney Royalties Medical

Other Please Describe: _____

Vendor Information Form

This form **must** be completed prior to receiving payment from the University of Illinois.
If you need help, e-mail us at uivendor@uillinois.edu or phone 217-244-6482 or 217-244-0427

Vendors please complete the information in steps 1 through 4:

Tax information

Name of Individual or Business Name (if sole proprietor, please list name of owner and name of business.)

Parent Company Name (if different than above)

Taxpayer Identification Number (TIN)

Enter Social Security Number or Employer ID Number/FEIN _____

Please mark all boxes that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation/Incorporated (TC) | <input type="checkbox"/> Gov Entity (TG) |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Med Health Care Srcs Prov (TM) | <input type="checkbox"/> Not-for-Profit Corp (TN) |
| <input type="checkbox"/> LLC Sole Proprietor (TL/TI) | <input type="checkbox"/> Real Estate Agent (TR) | <input type="checkbox"/> Tax Exempt Org (TE) |
| <input type="checkbox"/> LLC Partnership (TL/TP) | <input type="checkbox"/> Attorney (AT) | <input type="checkbox"/> Foreign Vendor (VF) |
| <input type="checkbox"/> LLC Corporation (TL/TC) | <input type="checkbox"/> Partnership (TP) | <input type="checkbox"/> Trust or Estate (TT) |

Permanent Residence/Corporate Office Address

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Payment Address (if different from above)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Purchase Order Address (if different from above)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Individuals: Please check the appropriate classification.

U.S. Citizen

Resident Alien

Resident Aliens must provide a copy of their Permanent Resident Card when submitting this form.

Non-Resident Alien

W-8BEN

Non-Resident Aliens are not required to certify in Part IV, but must attach W-8BEN.

Businesses: Please check the appropriate classification.

U.S. Company

Foreign Vendor with US Presence

W-8ECI

Foreign Vendors with US Presence are not required to certify in Part IV, but must attach W-8ECI.

Foreign Vendor

W-8BEN

W-8EXP

Foreign Vendors are not required to certify in Part IV, but must attach W-8BEN or W-8EXP as appropriate.

Types of Goods and Services Provided

Goods

Services

Attorney

Royalties

Medical

Other Please Describe: _____

Type of Operation (optional, check all that apply)

Diverse Business

African American (CA)

Asian American (CM)

Female (CW)

Hispanic American (CH)

Alaskan Native/Native American (CN)

Veteran (CV)

Disabled (CD)

Small Business

Small business (B2)

Small disadvantage business (CE)

Women-owned small business (CF)

Veteran-owned small business (CG)

HUBZone small business (CZ)

Service-disabled veteran-owned small business (CS)

Certifying Organization

- DCMS (Department of Central Management Services) Business Enterprise Program (C2)
- CMBDC (Chicago Minority Business Development Council) (C3)*
- IDOT (Illinois Department of Transportation) (C4)*
- WBDC (Women's Business Development Center) (C5)*
- Other (Please specify): _____

* Please provide letter of certification from certifying agency when submitting this form.

Conflict of Interest

Are you or any officer, director, owner or partner in this company an employee of the University of Illinois? Yes No

Is a direct family member of any of the above an employee of the University of Illinois? (Direct family members include spouse, parent or minor child.) Yes No

Does any University employee have an ownership interest in your firm that exceeds 7.5 %? Yes No

If Yes to any of the above, please provide the names of the individuals involved.

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number 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).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with the University of Illinois is currently Subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U. S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following websites: <http://epls.arnet.gov> and <http://www.state.il.us/agency/oig/search.asp>. University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of this form.

Vendor Signature (This form is not considered valid unless signed and dated)

Signature of U.S. Person: _____

Date: _____

Printed Name: _____

Phone Number: _____

E-mail (optional): _____

This page will display the blue question mark helps only when printed.