



Substitute W-9 & Supplier Information Form

SUPPLIER INFORMATION			
<b>1</b>	NAME (as registered with the IRS)		
	TRADE NAME/DBA		
	PRIMARY ADDRESS (number, street, and apt or suite no)	REMITTANCE ADDRESS (number, street, and apt or suite no)	
	CITY, STATE, and ZIP+4 CODE	CITY, STATE, and ZIP+4 CODE	
	PHONE	FAX	EMAIL
	TAX CLASSIFICATION (check only one) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC – Tax Classification (C=C Corporation, S=S Corporation, P=Partnership) _____ <input type="checkbox"/> OTHER _____		EXEMPTIONS EXEMPT PAYEE CODE (if any) _____ EXEMPTION FROM FATCA REPORTING CODE (if any) _____
	TAXPAYER IDENTIFICATION NUMBER (TIN) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">SOCIAL SECURITY NUMBER</div> <div style="font-size: 2em; margin: 0 10px;">OR</div> <div style="border: 1px solid black; padding: 2px;">EMPLOYER IDENTIFICATION NUMBER</div> </div>		DUN & BRADSTREET NUMBER  UNSPSC CODE (if applicable)
PURCHASE ORDERS (COMPLETE SECTION 2 ONLY IF YOU ACCEPT POS)			
<b>2</b>	PO FAX	PO EMAIL	
	<b>SELECT ONE OPTION BELOW (REQUIRED):</b>		
	<b>PAYMENT TERMS</b> <input type="checkbox"/> 2%10, N30 ..... <input type="checkbox"/> N45 ..... <input type="checkbox"/> Immediate, upon invoice approval ..... <input type="checkbox"/> N90 .....	<b>PAYMENT METHOD</b> <input type="checkbox"/> EFT/ACH* ..... <input type="checkbox"/> EFT/ACH* ..... <input type="checkbox"/> Virtual Card/Payment Plus..... <input type="checkbox"/> Check .....	<b>INVOICE SUBMISSION</b> <input type="checkbox"/> Electronic – Transcepta or SciQuest Portal <input type="checkbox"/> Electronic – Transcepta or SciQuest Portal <input type="checkbox"/> Electronic – Transcepta or SciQuest Portal <input type="checkbox"/> Paper
<i>*Must complete UCSF ACH Enrollment Form and submit with a copy of a voided check.</i>			
BUSINESS DIVERSITY			
<b>3</b>	<b>FEDERAL CERTIFICATIONS</b> (self-certify on the federal <a href="#">System for Award Management</a> website)  <input type="checkbox"/> ANC1 (Alaska Native Corp not certified as SDB with SBA) <input type="checkbox"/> ANC2 (Alaska Native Corp not a small business) <input type="checkbox"/> HBCU/MI (Historically Black College or Minority Institution) <input type="checkbox"/> Hub Zone (Historically Under-Utilized Small Business) <input type="checkbox"/> MBE (Minority Business Enterprise)	<input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> SDB (Small Disadvantaged Business) <input type="checkbox"/> SDVOSB (Service-Disabled Veteran-Owned Small Business) <input type="checkbox"/> VOSB (Veteran-Owned Small Business) <input type="checkbox"/> WBE (Women Business Enterprise) <input type="checkbox"/> WOSB (Women-Owned Small Business)	<b>STATE OF CALIFORNIA CERTIFICATIONS</b> (self-certify on the State of CA website)  <input type="checkbox"/> DBE (Disadvantaged Business Enterprise) <input type="checkbox"/> DVBE (Disabled Veteran Business Enterprise) <input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> WBE (Women Business Enterprise)
			<b>ABILITY ONE PROGRAM</b> <input type="checkbox"/> ABILITY ONE
REQUESTER'S INFORMATION			
<b>4</b>	UCSF CONTACT NAME	UCSF CONTACT EMAIL	UCSF CONTACT PHONE
CERTIFICATION			
<b>5</b>	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 (defined in the instructions); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.		
	SIGNATURE	DATE	
PRINT NAME	TITLE		
SUBMIT COMPLETED FORM TO ANY ONE OF THE FOLLOWING			
<b>6</b>	EMAIL (preferred): <a href="mailto:vendors@ucsf.edu">vendors@ucsf.edu</a>		MAIL: UCSF Supply Chain Management 1855 Folsom St Ste 304 San Francisco, CA 94143-0910

## Guide for the Substitute W-9 and Supplier Information Form

1. **SUPPLIER INFORMATION** – provide information about your company.
2. **PURCHASE ORDERS** – if your company accepts POs, you must provide a fax number or email address where the PO will be sent, and select 1 of the 4 available combinations of payment terms, payment method, and invoice submission.

### PAYMENT TERMS:

- 2%10N30 – UCSF pays the invoice amount less 2% 10 days from invoice received date; if not paid in 10 days, invoice will be paid in 30 days
- N45 – UCSF pays the invoice 45 days from invoice date
- N90 – UCSF pays the invoice 90 days from invoice date
- Immediate – UCSF pays the invoice the first business day after the invoice is processed and approved

### PAYMENT METHODS:

- EFT/ACH – also referred to as direct deposit; electronic payment by ACH
- Paper Check
- Virtual Card/Payment Plus - Payment Plus is a type of credit card payment. Payments are made via a 1-time use, virtual credit card number issued by our partner, US Bank. US Bank notifies the supplier that payment is available and issues the credit card number to access the funds. Merchant interchange fees apply. No paperwork required, but supplier information will be provided to US Bank to facilitate registration.

### ELECTRONIC INVOICE SUBMISSION METHODS:

- Transcepta – a third party service provider that handles supplier electronic invoice submissions for UCSF. Register at: <http://connect.transcepta.com/ucsf>
- SciQuest Portal – an alternate method to submit invoices electronically. Register at: <https://solutions.sciquest.com/apps/Router/SupplierLogin?CustOrg=UCSF>

3. **BUSINESS DIVERSITY** – select all for which your business has self-certified as defined in the Ability One Program, the System for Award Management, or on the State of California website. Refer to the links for each program and the State of California for self-certification.
4. **REQUESTER'S INFORMATION** – provide your UCSF Contact's name, email address, and phone number.
5. **CERTIFICATION** – Supplier or authorized supplier representative must sign and date the Certification.

## Substitute W-9 Form Disclosures

### PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and certain other income paid to you; mortgage interest you paid, the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, or Archer MSA or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

### PENALTIES:

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

**ADDITIONAL INSTRUCTIONS:** See IRS Form W-9, Request for Taxpayer Identification and Certification.



**ACH Enrollment Form**  
Electronic Funds Transfer Authorization

New Request  
(Not available to individuals)

Account Change

Cancel

PAYEE/COMPANY INFORMATION		
<b>1</b>	NAME	
	ADDRESS	
	CITY, STATE, and ZIP+4 CODE	
	A/R CONTACT NAME	A/R CONTACT PHONE
	BUSINESS EMAIL ADDRESS (for payment notification)	EMPLOYER ID NO (EIN)      DUNS NUMBER
FINANCIAL INSTITUTION INFORMATION (MUST BE A BUSINESS ACCOUNT)		
<b>2</b>	DEPOSITORY INSTITUTION NAME	
	ADDRESS	
	CITY, STATE, and ZIP+4 CODE	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACH FORMAT <input type="checkbox"/> CTX <input type="checkbox"/> CCD (skip to section 4)
FOR CTX ONLY		
<b>3</b>	Please note the option for electronic payment using CTX format requires initial testing to validate the payment file. It is critical to provide the information below. The EDI Implementation Guide will be sent to the IT/EDI contact.	
	IT/EDI CONTACT NAME	IT/EDI CONTACT EMAIL      IT/EDI CONTACT PHONE

**IMPORTANT NOTE: The person signing the Authorization must be a designated officer from the Finance Department and a person other than the contact listed above.**

AUTHORIZATION	
<b>4</b>	I hereby authorize the University of California San Francisco (UCSF) to initiate electronic transfer of funds to the account stated above using the National Automated Clearing House (NACHA) Cash Concentration or Disbursement (CCD) or Corporate Trade Exchange (CTX) for settlement of invoices. If funds to which I, or the company I represent, am not entitled are deposited in the account stated above, I authorize the University to initiate a correcting (debit) entry. This authorization will remain in effect until UCSF receives written notification of its termination. I understand payment details will be sent to the business email address provided above (applies to CCD only).
	SIGNATURE      DATE
	PRINT NAME      TITLE

**\*\*\* PLEASE ATTACH A VOIDED CHECK TO CONFIRM ACCOUNT INFORMATION \*\*\***

SUBMIT FORM AND VOIDED CHECK TO ANY ONE OF THE FOLLOWING	
<b>5</b>	EMAIL (preferred): <a href="mailto:vendors@ucsf.edu">vendors@ucsf.edu</a>
	MAIL: UCSF Supply Chain Management C/O Supplier Registration 1855 Folsom St Ste 304 San Francisco, CA 94143-0910