



Substitute W-9 & Supplier Information Form

SUPPLIER INFORMATION			
1	NAME (as registered with the IRS)		
	TRADE NAME/DBA		
	PRIMARY ADDRESS (number, street, and apt or suite no)		REMITTANCE ADDRESS (if different from primary)
	CITY, STATE, and ZIP+4 CODE		CITY, STATE, and ZIP+4 CODE
	PHONE	FAX	EMAIL
	TAX CLASSIFICATION <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR, OR SINGLE-MEMBER LLC <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LIMITED LIABILITY COMPANY – Enter tax classification (C=C Corp, S=S Corp, 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: 1.5em; font-weight: bold;">OR</div> <div style="border: 1px solid black; padding: 2px;">EMPLOYER IDENTIFICATION NUMBER</div> </div>		Will you be selling goods and/or services to UCSF? <input type="checkbox"/> NO <input type="checkbox"/> YES*
	DUN & BRADSTREET NUMBER	UNSPSC CODE (if applicable)	
*If YES, Section 2 Payment Options is REQUIRED and invoices must be submitted through Transcepta. See page 2 for details.			
PAYMENT OPTIONS			
2	Select ONE: (Individuals: refer to next page for guidance) <input type="checkbox"/> Immediate with Virtual Card/Payment Plus payment (<i>PREFERRED</i>) <input type="checkbox"/> 2%10,N30 with ACH payment <input type="checkbox"/> N30 with ACH payment <input type="checkbox"/> N60 with check payment		PURCHASE ORDER EMAIL PURCHASE ORDER FAX
	BUSINESS DIVERSITY		
3	FEDERAL CERTIFICATIONS <small>(self-certify on the federal System for Award Management website)</small> <input type="checkbox"/> ANC1 (Alaska Native Corp not certified as SDB with SBA) <input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> ANC2 (Alaska Native Corp not a small business) <input type="checkbox"/> SDB (Small Disadvantaged Business) <input type="checkbox"/> HBCU/MI (Historically Black College or Minority Institution) <input type="checkbox"/> SDVOSB (Service-Disabled Veteran-Owned Small Business) <input type="checkbox"/> Hub Zone (Historically Under-Utilized Small Business) <input type="checkbox"/> VOSB (Veteran-Owned Small Business) <input type="checkbox"/> MBE (Minority Business Enterprise) <input type="checkbox"/> WBE (Women Business Enterprise) <input type="checkbox"/> WOSB (Women-Owned Small Business)		STATE OF CALIFORNIA CERTIFICATIONS <small>(self-certify on the State of CA website)</small> <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)
			ABILITY ONE PROGRAM <input type="checkbox"/> ABILITY ONE
REQUESTER'S INFORMATION			
4	UCSF CONTACT NAME		UCSF CONTACT EMAIL
	CERTIFICATION		
5	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 IRS Form W-9 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 VENDORS@UCSF.EDU

Guide for the Substitute W-9 and Supplier Information Form

1. **SUPPLIER INFORMATION** – provide information about your company.

2. **PAYMENT OPTIONS**

INDIVIDUALS – payment will be made by check and immediate terms.

PAYMENT METHODS:

- Virtual Card/Payment Plus – Payment Plus is UCSF’s preferred electronic method for issuing payments to suppliers. Payment is made via a one-time use virtual credit card number issued by U.S. Bank. Merchant interchange fees apply. For more information visit <https://supplychain.ucsf.edu/payment-plus>.
- ACH – payment by electronic funds transfer. A business bank account is required.
- Paper check – least preferred method of payment. Our goal is to minimize paper check payments made to suppliers.

PAYMENT TERMS:

- Immediate – payment is generated 1 business day after the invoice is processed and fully approved.
- 2%10,N30 – a 2% discount is taken if the invoice is paid within 10 days of the invoice received date; otherwise, invoice is paid in full 30 days from invoice date.
- N30 – payment is generated 30 days from invoice date.
- N60 – payment is generated 60 days from invoice date.

PURCHASE ORDERS – provide a fax number and/or email address for Purchase Order delivery.

TRANSCENTA E-INVOICING

- If you answered yes to the question regarding selling goods and services to UCSF, you are required to submit invoices through UCSF’s e-invoicing partner, Transcepta.
- Visit <http://connect.transcepta.com/ucsf> and register to submit invoices.
- There is no cost to use Transcepta.
- Note: Transcepta does not apply to suppliers who submit facility rental invoices, subcontract invoices, and universities. If you do business with UCSF Health (Medical Center), Transcepta requirements do not apply to their orders.

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 and email address.

5. **CERTIFICATION** – sign and date the Certification.

If you require further assistance in filling out the supplier forms, please send an email to vendors@ucsf.edu.

Substitute W-9 Form Disclosures

PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or 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, 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. commonwealths and 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 the 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. Business bank account required.)*
- Account Change

PAYEE/COMPANY INFORMATION		
1	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)
PREVIOUS BANKING INFORMATION (REQUIRED IF REQUESTING AN ACCOUNT CHANGE)		
2	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
NEW BANKING INFORMATION		
3	DEPOSITORY INSTITUTION NAME	
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	ACCOUNT TYPE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

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		
4	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) 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.	
	SIGNATURE	DATE
	PRINT NAME	TITLE

*****ATTACH A VOIDED CHECK OR BANK VERIFICATION LETTER TO CONFIRM ACCOUNT INFORMATION*****

SUBMIT COMPLETED FORM AND VOIDED CHECK OR BANK LETTER TO VENDORS@UCSF.EDU