

A member of the Texas State University System

Authorized Signature

Submit to: FI Master Data Center FORM #FS-01

JCK 564

Phone: (512) 245-9284 / (512) 245-8817 Fax: (512) 245-8990

Vendor Maintenance Form / W9

SAP Vendor Number		
(optional)		

Instructions: Vendor must complete Sections A, B,C or D, and F and sign Section C or D and F, and send to the fax number above. Vendor named herein agrees to indemnify & hold Texas State harmless for delays in payment due to di-

sasters or other emer		TORMATION: (2.1.				
Type of Purchase	JR GENERAL INI	FORMATION: (Select one b Materials	ox of each line) Services	Both		
Type of Vendor	Corporation	Individual/Sole Proprietor	Partnership	Non-Profit	Other	
	Medical/Legal	State Agency F	ederal Agency (Staff,	Faculty or Employ	ees use form FS-02	
Foreign Vendors Only:	Non-Re	sident Alien Home Country		ITIN		
SECTION B - VENDO Vendor Name	OR DETAILS:					
Business Name (if different	ent)					
Mailing Address: (For Pu	urchase Orders or co	orrespondence)				
City	State	Country		Zip		
Remit to Address: (If diff	erent)					
City	State	Country		Zip		
Vendor Phone:		Vendor Fax:				
SECTION C - PAYMI Bank Name Account Type	ENT ACCOUNT II	NFORMATION (for US ba	Memo. (CO18273644): 11	23 810029 0123		
ACH Routing Number			ABA Routing # 0 18 2 ? 3 6 4 4	11 23 810		
Bank Account Number						
Email				to receive p	ayment notifications	
debit entries and adjustmenthe financial institution and	nts for any amounts de account designated at	Comptroller of Public Accounts to posited electronically in error. Testove. I recognize that if I fail to prote my payments may be erroneous	xas State University and to ovide complete and accur	he Comptroller shall or ate information on thi	deposit the payments in	
		I Automated Clearing House Ass ney exist on the date of my signat				
X						
Auth	orized Signature		Printed name		Date	
SECTION D - ELECT	_	T EXEMPTION: tate warrant (check) because	:			
X						

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Printed name

Date

SECTION E – HUB/MBE/WBE Outreach Information:

State Certified HUB Vendor TPASS Cert No HUB Type

Federal MBE/WBE MBE/WBE Category

SECTION F - SUBSTITUTE W-9 (To be completed by U.S. Persons only)

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 due to failure to report interest and dividend income and (3) I am a U.S. person.

Taxpayer Identification Number

Federal Employer Identification Number:

or

Social Security Number:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

Authorized Signature

Printed name

Date

SECTION G - TEXAS STATE DEPARTMENT CONTACT INFORMATION:

Contact Name Phone (512)

Department Name Email @txstate.edu

Action: New Vendor Setup Change Delete If change or delete, SAP Vendor Number

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