

Payee Certification

Name:

US Tax ID Number/SSN: (last four digits only)

Has a Statement of Work (SOW) been executed for this entity/individual?

Yes No N/A

Business Type (Check One): Individual/Sole Proprietor/single-member LLC/Partnership S or C Corporation/Trust/Estate/Other

Description of Services / Reason for Payment:

Period Covered by Payment

Was the work performed outside the United States?

Yes No

Have you been paid by Purdue Before?

Yes No

Citizenship (check one box)

US Citizen

Permanent Resident

Non-Resident Alien or Foreign Entity

If yes, enter Visa Type:

Must complete and attach Glacier file
(www.online-tax.net)

Purdue University-related Disclosures

Are you a student? Yes No

If yes, enter institution:

Are you a current or former employee of Purdue, Purdue Global or PARI?

Yes No

If yes, enter dates:

If yes, Do you have an approved Reportable Outside Activity Form?

Yes No

Do you have immediate relatives who are employed at Purdue, Purdue Global or PARI?

Yes No

If yes, List name(s) and department(s):

Exemptions (apply only to certain entities, not individuals):

Exempt payee code (if any)

Exemption from FACTA reporting code (if any)

Applies to accounts maintained outside the U.S.

Itemized Payment

Honorarium/Fees for Service Expenses:

	Fee/Rate	Quantity	Total	Foreign Currency
Airfare	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Ground Transportation	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Food

Food	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Lodging	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Other - Describe:

Other - Describe:	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
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Expenses related to campus visit

Total Invoice Amount

\$ 0

Certification of Payee

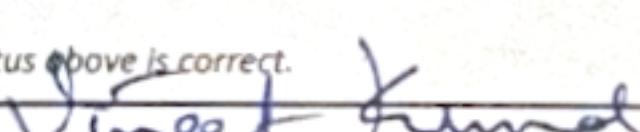
Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

By Signing this Invoice I:

- a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes;
- b) Certify that I am not a Federal employee;
- c) Agree that all inventions and materials first developed or produced as a result of the above described consulting activities will be reported to Purdue and all rights, both domestic and foreign, to inventions and materials first developed or produced as a result of the above described consulting activities shall be retained by Purdue University, and
- d) Agree not to disclose any information furnished by Purdue University that was identified as proprietary information.

Under penalties of perjury, I certify that:

- e) The number shown on this form is my correct taxpayer identification number and the name is the correct name on file with the IRS,
- f) I am not subject to backup withholding, and
- g) the information regarding citizenship or foreign status above is correct.

Signature of Payee: 

Date:

Printed Name:

Account Information

G/L Account

Order

WBS Element

Earmarked Funds

Verification of receipt of deliverables and/or services by individual with first-hand knowledge

By signing below, I certify that the services described are essential to the project, have been received, and the consultant's fees are appropriate.

Signature:

Date:

Printed Name:

Title: