

## 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

|                                    | Fee/Rate                | Quantity             | Total                             | Foreign Currency     |
|------------------------------------|-------------------------|----------------------|-----------------------------------|----------------------|
| <b>Honorarium/Fees for Service</b> | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/>           | <input type="text"/> |
| <b>Expenses:</b>                   |                         |                      |                                   |                      |
| 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"/> |
| <b>Subsistence:</b>                |                         |                      |                                   |                      |
| 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"/> |
| <b>Other - Describe:</b>           | \$ <input type="text"/> | <input type="text"/> | \$ <input type="text"/>           | <input type="text"/> |
| Expenses related to campus visit   |                         |                      | \$ <input type="text" value="0"/> |                      |
| <b>Total Invoice Amount</b>        |                         |                      | \$ <input type="text" value="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      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### 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: