

	SUPPLIER INFORMATION						
	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				
1	PHONE	FAX	1	EMAIL			
	TAX CLASSIFICATION INDIVIDUAL/SOLE PROPRIETOR C CORPORATION PARTNERSHIP TRUST/ESTATE LLC – Tax Classification (C=C Corporation, S=S Corporation, P=Partnership) _ OTHER		S CORPORATION	EXEMPTIONS EXEMPT PAYEE CODE (if any) EXEMPTION FROM FATCA REPORTING CODE (if any)			
	TAXPAYER IDENTIFICATION NUMBER (TIN)			DUN & BRADSTREET NUMBER			
	SOCIAL SECURITY NUMBER		TIFICATION NUMBER	UNSPSC CODE (if applicable)			
		PURCHASE					
	ΡΟ ΓΑΧ		PO EMAIL				
	Select ONE option below:						
		YMENT TERMS	REQUIREMENTS				
2	□ N30 OR □ 2%10,N30		Payment by ACH AND elect				
	□ N45 OR □ 1%20,N45		Payment by ACH OR electro	onic invoicing			
	□ N60 OR □ 1%20,N60		None				
	IMMEDIATE Payment by Virtual Card/Payment Plus						
	Refer to the Guide on page 2 for electronic invoicing re	BUSINESS DI					
	FEDERAL CERTIFICATIONS	BOOMEOO DI		STATE OF CALIFORNIA CERTIFICATIONS			
	(self-certify on the federal <u>System for Award Management</u> website)			(self-certify on the State of CA website)			
	ANC1 (Alaska Native Corp not certified as SDB SBE (Small Busines			DBE (Disadvantaged Business Enterprise)			
	with SBA)	SDB (Small Disadva		DVBE (Disabled Veteran Business			
3	ANC2 (Alaska Native Corp not a small business) HBCU/MI (Historically Black College or Minority	SDVOSB (Service-D Small Business)	lisabled Veteran-Owned	Enterprise)			
	Institution)	VOSB (Veteran-Owr	ned Small Business)	SBE (Small Business Enterprise)			
	Hub Zone (Historically Under-Utilized Small	WBE (Women Busin	,	WBE (Women Business Enterprise)			
	Business)	WOSB (Women-Ow	ned Small Business)				
	MBE (Minority Business Enterprise)			ABILITY ONE			
		REQUESTER'S IN	FORMATION				
	UCSF CONTACT NAME	UCSF CONTACT EMAIL		UCSF CONTACT PHONE			
4							
		CERTIFIC	ATION	·			
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 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 						
Ŭ	certifications required to avoid backup withholding.						
	SIGNATURE		DATE				
	PRINT NAME		TITLE				
	SUBMIT COMPLETED FORM TO ONE OF THE FOLLOWING						
				UCSF Supply Chain Management			
6	EMAIL (preferred): <u>vendors@uc</u>	<u>sf.edu</u>		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** provide a fax number and/or email address for Purchase Order delivery and select only ONE of the seven payment terms options.

PAYMENT TERMS:

- N30 payment is generated 30 days from invoice date
- N45 payment is generated 45 days from invoice date
- N60 payment is generated 60 days from invoice date
- Immediate payment is generated 1 business day after the invoice is processed and 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
- 1%20,N45 a 1% discount is taken if the invoice is paid within 20 days of the invoice received date; otherwise, invoice is paid in full 45 days from invoice date
- 1%20,N60 a 1% discount is taken if the invoice is paid within 20 days of the invoice received date; otherwise, invoice is paid in full 60 days from invoice date

PAYMENT METHODS:

- ACH payment by electronic funds transfer. A business bank account is required.
- Virtual Card/Payment Plus payment via a one-time use virtual credit card number issued by US Bank. Once an invoice is
 processed, US Bank will provide the credit card information necessary to access and process the payment. Merchant
 interchange fees apply. Supplier information will be forwarded to US Bank to facilitate registration and payment notification.
- Paper Check

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
- UCSF BearBuy Supplier Portal an alternate method to submit invoices electronically. Register at: <u>https://solutions.sciquest.com/apps/Router/SupplierLogin?CustOrg=UCSF</u>
- 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** 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 Accou	Int Change Cancel		
	PAYEE/COMPANY I	NFORMATION		
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 (REQUIRE	D IF REQUESTING AN ACCOUNT CHANGE)		
2	DEPOSITORY INSTITUTION NAME			
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		
	NEW BANKING IN	FORMATION		
3	DEPOSITORY INSTITUTION NAME			
	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		

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.		
4	SIGNATURE	DATE	
	PRINT NAME	TITLE	

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

SUBMIT FORM AND REQUIRED DOCUMENTATION TO ONE OF THE FOLLOWING				
5	EMAIL (preferred): vendors@ucsf.edu	MAIL: UCSF Supply Chain Management C/O Supplier Registration 1855 Folsom St Ste 304		
		San Francisco, CA 94143-0910		