

Supplier Information Form (2 pages)
FORM PURPOSE
What is the purpose of filling out this form:

 New Supplier Setup or New Individual Setup
 Update Existing Information

Check any that apply:

 Supplier is a foreign individual or entity performing work for CWRU in the USA.
 Supplier is a foreign individual or entity perform work for CWRU outside of the USA

SUPPLIER INFORMATION
NAME (as registered with the IRS)

TRADE NAME/DBA
PRIMARY HEADQUARTERS 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
EMAIL
TAX CLASSIFICATION

Individual, Sole Proprietors, Independent Contractors, or Single Member LLCs

Reimbursements

**Reimbursements for Employees – submit request through the PeopleSoft T&E Module. Reimbursements for Students – contact Student Affairs*

Multiple Member LLCs and Partnerships

Stipend or Study Participant

Corporations

 Recipient of an Honorarium (*fill out Honorarium form too*)

Non-US Entity (W8 Tax Form Required)

Recipient of a Prize or an Award

Government Entity

Recipient of Rent

Other, Please Specify

Recipient of Royalties

TAXPAYER IDENTIFICATION NUMBER (TIN)

SOCIAL SECURITY NUMBER

OR

EMPLOYER IDENTIFICATION NUMBER

EXEMPTIONS

EXEMPT PAYEE CODE (if any) _____

 EXEMPTION FROM FATCA REPORTING
 CODE (if any) _____

SUBSTITUTE W-9 CERTIFICATION

Sign if using this form as a substitute to be providing a copy of your W-9 tax form. Otherwise attach your W-9 or W-8 form.

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

SIGNATURE
DATE
PRINT NAME
TITLE

 CWRU employees are unable to provide tax advice on how to fill out a tax form or which tax form to use. Please contact your tax or legal advisor if you have any questions regarding the W9 or W8 forms. Tax form signatures are required to be wet signatures or certified digital signatures. IRS signature requirements can be found [here](#).

Supplier Information Form (2 pages)

CWRU REQUESTER INFORMATION						
3	CWRU CONTACT NAME	CWRU DEPARTMENT				
CWRU EMAIL						
SUPPLIER SIGNATURE REQUIRED ~ CONFLICTS OF INTEREST DECLARATION						
4	The CWRU Conflicts of Interest Policy can be found here . Does anyone in the requisitioning CWRU department have an outside financial interest (such as earnings, gifts, etc.) in the Supplier?: No Yes If yes, explain:					
	SUPPLIER SIGNATURE	DATE				
	SUPPLIER PRINT NAME	SUPPLIER SIGNATORY'S TITLE				
PAYMENT OPTIONS						
5	<p>Select One: (Invoices must be properly submitted per the guidelines on page 3)</p> <p>Net 30 with American Express Virtual Card (Vpay) or American Express BIP payment – preferred payment methods. The AMEX setup process can take 1-4 weeks. Submit the CWRU ACH Form avoid check payments as your default. Provide a supplier contact for the AMEX payment team to set your company up:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black; padding: 5px;">NAME:</td> <td style="width: 25%; border-right: 1px solid black; padding: 5px;">TITLE:</td> <td style="width: 25%; border-right: 1px solid black; padding: 5px;">EMAIL:</td> <td style="width: 25%; padding: 5px;">PHONE:</td> </tr> </table> <p>Net 45 with ACH payment (must include ACH form and required documents with submission, see page 4) Net 45 Check payment are only made twice a week.</p> <p>Describe Supplier's primary goods or services to be provide to CWRU. Include details if billing is for a one-time event (large equipment purchase, annual subscription fee, etc):</p>		NAME:	TITLE:	EMAIL:	PHONE:
NAME:	TITLE:	EMAIL:	PHONE:			
	Anticipated first invoice to CWRU (Month / Year): _____	CWRU's anticipated annual spend with Supplier: _____				
BUSINESS DIVERSITY (if applicable)						
6	<p>Diverse businesses may be eligible for preferred payment terms after certification is verified.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>FEDERAL CERTIFICATIONS (self-certify on the federal System for Award Management website)</p> <ul style="list-style-type: none"> WBE (Women-Owned Small Business Enterprise) DBE (Disadvantaged Business Enterprise) DVBE (Disabled Veteran Business Enterprise) HUB (Historically Underutilized Business) HBCU (Historically Black Colleges and Universities) </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>STATE OF OHIO CERTIFICATIONS (Attach a copy of your state certification)</p> <ul style="list-style-type: none"> MBE (Minority Business Enterprise) WBE (Women's Business Enterprise) EDGE (Encouraging Diversity, Growth & Equity) VFBE (Veteran-Friendly Business Enterprise) </td> </tr> </table> <p>Other Federal Diverse Business Classification, please specify:</p>		<p>FEDERAL CERTIFICATIONS (self-certify on the federal System for Award Management website)</p> <ul style="list-style-type: none"> WBE (Women-Owned Small Business Enterprise) DBE (Disadvantaged Business Enterprise) DVBE (Disabled Veteran Business Enterprise) HUB (Historically Underutilized Business) HBCU (Historically Black Colleges and Universities) 	<p>STATE OF OHIO CERTIFICATIONS (Attach a copy of your state certification)</p> <ul style="list-style-type: none"> MBE (Minority Business Enterprise) WBE (Women's Business Enterprise) EDGE (Encouraging Diversity, Growth & Equity) VFBE (Veteran-Friendly Business Enterprise) 		
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	<p>OTHER DIVERSE BUSINESS CERTIFICATION</p> <p>Other state or municipality certification may be attached for review and determination if the certifier aligns with the federal SBA criteria. If applicable, please specify the certifying source and the Diverse Business Classification:</p>					

UPLOAD COMPLETED FORM AND ATTACHMENTS TO THE SECURE BOX:
<https://case.edu/procurement/purchasing/supplier-information-formw9-submission>

Invoicing Instructions

- **Invoice Submission:** Send invoices to invoices-pds@case.edu in PDF format. Only include 1 (one) invoice per email.
- **Payment Status Questions:** Send questions to acctpay@case.edu.
- **Common Invoice Rejection/Processing Delay Causes:**
 - No PO#: A valid CWRU PO must be displayed on the invoice and NOT in the email.
 - Invoice was not sent to Accounts Payable: Invoice was mailed, faxed, or emailed to another person or location other than invoices-pds@case.edu risk not being processed by Accounts Payable.
 - Format: PDF format is the only acceptable format. Other file formats will not be accepted by the system and the invoice will not be processed.

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.

Contact Information & Helpful Websites

Case Western Reserve University, Attn: Procurement & Distribution Services, 10620 Cedar Avenue, Cleveland, OH 44106-4909

Phone: 216-368-2560

Email: Customercareteam-pds@case.edu (DO NOT EMAIL SUPPLIER FORMS TO THIS EMAIL);

Tax Forms W9

<https://www.irs.gov/forms-pubs/about-form-w-9>

Tax Forms W8

<https://www.irs.gov/forms-pubs-search?search=W8>

IRS Signature Requirements

<https://www.irs.gov/newsroom/details-on-using-e-signatures-for-certain-forms>

Secure BOX for submitting Supplier information forms

<https://case.edu/procurement/purchasing/supplier-information-formw9-submission>

Procurement Terms & Conditions

<https://case.edu/procurement/purchasing/terms-conditions>

Procurement Website

<https://case.edu/procurement/>

Compliance Program/Policies

<https://case.edu/compliance/>

University Conflicts of interest Policy

<https://case.edu/research/sites/default/files/2023-05/CWRUCOIPolicy42023Final.pdf>

University Tobacco-Free Policy

<https://case.edu/tobaccofree/policy>

FORM PURPOSE (check one)		New Supplier Add	Update Existing Supplier Information
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	CHECKING	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. Only wet signatures or certified digital signatures are accepted.

VERIFICATION ATTACHMENTS			
4	ATTACHED A VOIDED CHECK OR BANK VERIFICATION LETTER TO CONFIRM ACCOUNT INFORMATION***(Required)		
AUTHORIZATION			
5	I hereby authorize the Case Western Reserve University (CWRU) 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 CWRU 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

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