

CSU Department Requesting Information

Today's Date _____

New Vendor

Update Existing Vendor

CSU Department name _____

Contact Person _____

Phone Number _____ E-mail _____

Campus _____

Transaction Purchase Order Invoice Voucher

Add to CSUBuy Yes No

Types of Goods and Services Provided

Goods Services Attorney Royalties Medical

Other Please Describe: _____

Vendor Information Form

This form **must** be completed prior to receiving payment from Chicago State University.
If you need help, e-mail us at (csu-purchasing@csu.edu) pr phone (773-995-2424).

Vendors please complete the information in steps 1 through 4:

Step 1 – Tax Information

Note: Name must agree with IRS records.

Name of Individual or Business Name (if sole proprietor, please list name of owner and name of business.)

Print or Type: _____

Current Chicago State University Employee

Current Chicago State University Student

Parent Company Name (if different from above)

Print or Type: _____

Taxpayer Identification Number (TIN)

Enter Social Security Number or Employer ID Number/FEIN _____

Please mark all boxes that apply: DUNS Number: _____

Individual

Corporation/Incorporated (TC)

Gov Entity (TG)

Sole Proprietor

Med Health Care Srcs Prov (TM)

Nor-for-Profit Corp (TN)

LLC Sole Proprietor

Real Estate Agent (TR)

Tax Exempt Org (TE)

LLC Partnership (TL/TP) Attorney (AT)

Foreign Vendor (VF)

LLC Corporation (TL/TC) Partnership (TP)

Trust or Estate (TT)

Permanent Residence/ Corporate Office Address

Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ E-mail _____

Payment Address (if different from above)

Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ E-mail _____

Purchase Order Address (if different from above)

Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ E-mail _____

Individuals: Please check the appropriate classification.

- U.S. Citizen
- Resident Alien
Resident aliens must provide a copy of their permanent Resident Card when submitting this form.
- Non-Resident Alien W-8BEN
Non-Residents Aliens are not required to certify in Step 4, but must attach W-8BEN.

Businesses: Please check the appropriate classification.

- U.S. Company
- Foreign Vendor with US Presence W-8EC
Foreign Vendors with US Presence are not required to certify in Step 4, but must attach W-8ECI.
- Foreign Vendor W-8BEN W-8EXP
Foreign Vendors are not required to certify in Step 4, but must attach W-8BEN or W-8EXP as appropriate.

Types of Goods and Services Provided

- Goods
 - Services
 - Attorney
 - Royalties
 - Medical
 - Other
- Please Describe: _____

Step 2 -- Type of Operation (optional, check all that apply)

Diverse Business

- African American (CA)
- Asian American (CM)
- Female (CW)
- Hispanic American (CH)
- Alaskan Native/ Native American (CN)
- Veteran (CV)
- Disabled (CD)

Small Business

- Small business (B2)
- Small disadvantaged business (CE)
- Women-owned small business (CF)
- Veteran-owned small business (CG)
- HUBZone small business (CZ)
- Service-disabled veteran-owned small business (CS)

Certifying Organization

- DCMS (Department of Central Management Services) Business Enterprise Program (C2)
 CMBDC (Chicago Minority Business Development Council) (C3)*
 IDOT (Illinois Department of Transportation) (C4)*
 WBDC (Women's Business Development Center) (C5)*
 Other (Please Specify): _____

*Please provide letter of certification from certifying agency when submitting this form.

Step 3—Conflict of Interest

Are you or any officer, director owner or partner in this company an employee of Chicago State University? Yes No

Is a direct family member of any of the above an employee of Chicago State University? (Direct family members include spouse, parent or minor child) Yes No

Does any University employee have an ownership interest in your firm that exceeds 7.5% Yes No

If Yes to any of the above, please provide the names of the individuals involved.

Step 4 – Certification and Signature

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number 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 had notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with Chicago State University is currently subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U.S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U.S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/ Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following websites: <http://epls.arnet.gov> and <http://www.state.il.us/agency/oig/search.asp> . University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of this form.

Vendor Signature (This form is not considered valid unless signed and dated)

Signature of U.S. Person: _____
Printed Name: _____
E-mail (optional): _____

Date: _____
Phone Number: _____