

The following information is required for any entity doing business with the UNC System Office. Please complete all sections. Payments could be subject to 28% backup withholding and penalties by the IRS if all information is not provided. ALL SUPPLIER PAYMENTS WILL BE MADE ELECTRONICALLY. SEE INSTRUCTION SHEET FOR MORE INFORMATION - LINK IS LISTED BELOW.

Supplier Name: _____
dba if applicable: _____
SSN/TIN/EIN: _____

W-9 Designation (Check one - should match the signed W-9 form)

<input type="checkbox"/>	Individual/Sole Proprietor	<input type="checkbox"/>	C Corp	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Single Membership LLC	<input type="checkbox"/>	S Corp		
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLC taxes as C Corp		
<input type="checkbox"/>	Trust/Estate	<input type="checkbox"/>	LLC taxed as S Corp		
<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	LLC Taxed as Partnership		

Scope of Work (select all that apply)

<input type="checkbox"/>	Services explain: _____	<input type="checkbox"/>	Rental Payments
<input type="checkbox"/>	Award, Honorarium, Prize or Stipend	<input type="checkbox"/>	Only travel/expense reimbursement (no compensation)
<input type="checkbox"/>	Attorney Services	<input checked="" type="checkbox"/>	Other explain: NCSEEA Tuition Payment
<input type="checkbox"/>	Attorney's Legal Settlements		

Verification of Foreign Status (answer all questions)

(check one in each column)

Are you a foreign entity/company? Do you report your IRS designation using:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	W-8
<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	W-9

Will you issue an invoice from a foreign address?
 Yes If yes, contact UNC System Office Controller: accountinghelp@northcarolina.edu or 919-962-4243
 No

Will payment be made to a foreign address or be paid via international wire?
 Yes If yes, contact UNC System Office Controller: accountinghelp@northcarolina.edu or 919-962-4243
 No

ALL SUPPLIERS MUST ANSWER YES OR NO TO THE FOLLOWING QUESTIONS

No Are you a non-state resident business entity/individual (not based in NC)?

Yes Is the work or are the services being performed in NC?

No Is your work or are the services in connection with:
 A performance
 An entertainment or athletic event
 A speech
 Creation of a film, radio or television segment

No Are you a: 1) licensed member of the clergy, a nonresident entity with NC Dept. of Revenue exemption (requires documentation); 2) an LLC with NC Secretary of State Certificate of Authority and id number (requires documentation); or 3) an exempt organization under NC G.S. 105-130.11? https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-130.11.pdf

If yes to questions 1-3 and no to question 4, 4% of all applicable payments over \$1,500, cumulative in a calendar year, will be withheld

Certification (Signature, not typed name, is required)

Under penalties of perjury, I certify that (1) the number shown above is my correct taxpayer identification number, (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 IRS that I am subject to backup withholding; (3) I am a U.S. person (including a U.S. Resident Alien); and (4) the information provided is complete and accurate as of this date.

Date: _____

Signature: _____ **Printed Name:** _____

Click link below for Instructions on how to complete form:

<https://www.northcarolina.edu/wp-content/uploads/reports-and-documents/finance-documents/4-27-22-supplier-master-form-instructions.pdf>

SUPPLIER COORDINATOR
(919) 962-3355

HISTORICALLY UNDERUTILIZED BUSINESS FORM (HUB Form)

Suppliers must complete a W-9 form, the Supplier Master Form (SMF), and return with this form to the requesting department at the UNC System Office. This form is not required for state of NC or federal agencies.

IRS INFORMATION: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

CONTACT INFORMATION:

REMIT TO:	ORDER FROM: <input type="checkbox"/> SAME AS REMIT TO
Vendor Name:	Vendor Name:
Contact Name:	Contact Name:
Address 1:	Address 1:
Address 2:	Address 2:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
E-mail:	E-mail:
Website:	Website:

NC HUB Certified: No Yes (Attach Email/letter from NC HUB Office) for more information, visit: <http://www.doa.nc.gov/hub>

- Female Socially and Economically Disadvantaged Disabled Owned
- African American Hispanic American Asian American American Indian
- Disabled Business Enterprise Non-Profit Work Center

SIZE OF BUSINESS: Small _____ # of employees Large _____ # of Employees
To Determine if business is small or large, visit SBA site:
<https://www.sba.gov/document/support--table-size-standards>

I CERTIFY THAT (1) I AM DULY AUTHORIZED TO COMPLETE THIS FORM; (2) THE LEGAL ORGANIZATION SHOWN ON THIS FORM IS CORRECT, AND (3) I am not on the Federal Debarred Vendor list <https://sam.gov/content/home> or the NC Debarred Vendor list <https://ncadmin.nc.gov/government-agencies/procurement/contracts/debarred-vendors>

SIGNATURE TITLE DATE

PRINT NAME

UNC System Office

Return to: UNC System Office/Purchasing

Address: 223 S. West Street, Ste 1800
Raleigh, NC 27603

Email: sdsmith@northcarolina.edu
Telephone: 919-962-3355



Supplier Electronic Payment Form

- New Add Request
- *Change/Update Existing Account
- Inactivate Existing Account

***Department Must Complete Check List for Changing/Updating Existing Bank Account for Suppliers Form**

The UNC System Office offers payees the opportunity to receive payments electronically through U.S. based banks, rather than by check. In addition to having the money deposited electronically, you also will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally be on your check stub.

We require you to submit a copy of a voided check or a letter from your bank for account verification.

*TAX ID # or SSN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*PAYEE NAME

--

NAME

SUITE/ROOM #

*REMIT TO ADDRESS

--

--

STREET

(AS PRINTED ON YOUR INVOICE)

--

--

--

CITY

STATE

ZIP CODE

*CONTACT

--

--

NAME & TITLE

PHONE NUMBER

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:	
*NAME ON ACCOUNT:	
*NEW ROUTING NUMBER:	
*NEW ACCOUNT NUMBER:	
*ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
*REMIT E-MAIL ADDRESS:	

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	
NAME ON ACCOUNT:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
REMIT E-MAIL ADDRESS:	

***ALL BOXES BELOW MUST BE REVIEWED AND CHECKED**

<input type="checkbox"/>	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). By signing form, you are affirming that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.
<input type="checkbox"/>	I authorize the University of North Carolina System to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.
<input type="checkbox"/>	I have attached a copy of a current voided check or included a bank letter on bank letterhead signed by a bank representative.

*PRINT NAME:	*DATE:
*SIGNATURE:	*PHONE NUMBER:

Instructions

*** Denotes a required field on the form**

1. *Check the appropriate box at the top of the form:
 - New Add Request – Vendor would like to begin receiving payments via ACH.
 - Change/Update Existing Account – Vendor’s account number, routing number, or remittance email address has changed.
 - Inactivate Existing Account – Vendor no longer wants to receive payments via ACH.
2. *Enter the vendor’s Tax Identification Number or Social Security Number.
3. *Enter the Payee Name – The name of the person or business receiving payment.
4. *Enter the vendor’s remittance address. The remittance address is the address printed on your invoice where payments should be sent.
5. *Enter the vendor’s contact name, title, and phone number.
6. *Enter the vendor’s financial information:
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner’s name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
7. *Prior Financial Information – this is required if the vendor’s bank account, routing number, or remittance email address has changed.
 - Financial Institution Name – Name of the prior financial institution.
 - Name on Account – The account owner’s name.
 - Routing Number – Nine-digit number identifying the prior financial institution.
 - Account Number – The bank account number where the funds were being deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices were being sent.
8. *Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the form will not be processed.**
9. *Print Name – Print the name of the authorized signee on the form.
 - *Date – Date of signature.
 - *Signature – The authorized signee’s signature.
 - *Phone Number – The authorized signee’s phone number.

***Once completed, return documentation to the contact in the requesting department.**