



Submit completed, signed **Honorarium Recipient Form** to-
 Email scan: customercareteam-pds@case.edu Procurement Policy: <http://www.case.edu/bizpolicies/>
 Fax: Customer Care Team 216-368-5088
 Mail: Customer Care Team
 10620 Cedar Avenue
 Cleveland, OH 44106-4909

Honorarium Recipient Information Form

In order to be paid an honorarium, the recipient must be added to PeopleSoft as a vendor. All fields marked * are mandatory on the Honorarium Recipient Information Form. The department must complete Step 1. The recipient must complete Steps 2 and 3.

Step 1. Case Department Contact Information

*Confirm the tax status of the honorarium recipient and complete the information in Step 1. Send this form to the honorarium recipient as a printed copy or e-mail attachment.

| | | |
|---------------------|--------------------|----------------|
| *Case Contact Name | *Contact Email | *Contact Phone |
| *Contact Department | *Contact Signature | |

Please Check One:

- Add recipient as a new vendor to PeopleSoft
- Update an existing entry (Vendor ID or Short Name): _____

| | | |
|----------------------------|------------------|------------------|
| *Honorarium Recipient Name | *Recipient Email | *Recipient Phone |
|----------------------------|------------------|------------------|

Please Check One for Tax Purposes, Honorarium Recipient is: U.S. Citizen Resident Alien

Step 2. Honorarium Recipient Remit to and Previous Address

*Verify the above information is correct.
 *Please provide payment mailing information:

| | | |
|--|--------|-----------|
| *Address (Number, Street, and Apt or Ste number) | | |
| *City | *State | *Zip Code |

If updating existing vendor, please provide previous address:

| | | |
|---|-------|----------|
| Address (Number, Street, and Apt or Ste number) | | |
| City | State | Zip Code |

Step 3. W9 Certification of Supplier Information

***Supplier Type**

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Government Entity | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Exempt Payee |

The IRS requires that you provide information which allows us to complete 1099 reporting. Your payments may be subject to backup withholding if you fail to provide a correct Taxpayer Identification Number (TIN).

Note: US Persons filling out this form do NOT have to fill out a W-9, non US Persons must fill out a W-8BEN in addition to this form.

*Please enter your TIN (SSN or EIN):

W9 Certification: Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number, and I am not subject to backup withholding as a result of a failure to report all interest or dividend income, and I am a US citizen or US person.

| | |
|------------|-------------|
| *Sign Here | *Date _____ |
|------------|-------------|