

Substitute W-9 & Supplier Information Form (2 pages)

FORM PURPOSE (check one)		New Supplier Add	Update Existing Supplier Information
SUPPLIER INFORMATION			
1	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
	PHONE	EMAIL	
SUBSTITUTE W-9 CERTIFICATION			
2	TAX CLASSIFICATION INDIVIDUAL/SOLE PROPRIETOR, OR SINGLE-MEMBER LLC C CORPORATION LIMITED LIABILITY COMPANY TRUST/ESTATE PARTNERSHIP S CORPORATION GOVERNMENT ENTITY OTHER, PLEASE SPECIFY: NON-US ENTITY (W8 required)		EXEMPTIONS EXEMPT PAYEE CODE (if any) _____ EXEMPTION FROM FATCA REPORTING CODE (if any) _____
	TAXPAYER IDENTIFICATION NUMBER (TIN) <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">SOCIAL SECURITY NUMBER</div> <div style="margin: 0 10px;">OR</div> <div style="border: 1px solid black; padding: 2px;">EMPLOYER IDENTIFICATION NUMBER</div> </div>		
	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](#).

CWRU REQUESTER INFORMATION & SUPPLIER'S CONFLICTS OF INTEREST DECLARATION			
3	CWRU CONTACT NAME	CWRU DEPARTMENT	CWRU EMAIL
	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

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PAYMENT OPTIONS					
4	<p>Select One: (Invoices must be properly submitted per the guidelines on page 3) Net 30 with American Express Virtual Card (Vpay) or American Express BIP payment – preferred payment methods 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: 2px;">NAME:</td> <td style="width: 25%; border-right: 1px solid black; padding: 2px;">TITLE:</td> <td style="width: 25%; border-right: 1px solid black; padding: 2px;">EMAIL:</td> <td style="width: 25%; padding: 2px;">PHONE:</td> </tr> </table> <p>Net 45 with ACH payment (must include ACH form and required documents with submission) Net 45 Check payment are only made twice a week.</p>	NAME:	TITLE:	EMAIL:	PHONE:
NAME:	TITLE:	EMAIL:	PHONE:		
	<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>				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;">Anticipated first invoice to CWRU (Month / Year): _____</td> <td style="padding: 2px;">CWRU’s anticipated annual spend with Supplier: \$</td> </tr> </table>	Anticipated first invoice to CWRU (Month / Year): _____	CWRU’s anticipated annual spend with Supplier: \$		
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BUSINESS DIVERSITY (if applicable)					
5	<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%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> <p>FEDERAL CERTIFICATIONS (self-certify on the federal System for Award Management website)</p> <ul style="list-style-type: none"> SBE (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%; padding: 5px; vertical-align: top;"> <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>FEDERAL CERTIFICATIONS (self-certify on the federal System for Award Management website)</p> <ul style="list-style-type: none"> SBE (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 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>

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-instructions-and-publications |
| 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 Tobacco-Free Policy | https://case.edu/tobaccofree/policy |

Guide for the Substitute W-9 and Supplier Information Form

SUPPLIER INFORMATION – provide information about your company.

PAYMENT OPTIONS

PAYMENT METHODS:

- **AMEX VPay or AMEX BIP (Preferred)** – With American Express Virtual Payment (VPay), payment is made via a one-time use virtual credit card number issued by American Express. With American Express Buyer Initiated Payments (BIP), payment is made via direct deposit to the supplier. The university runs pay cycles daily for AMEX payment methods. Pay term is Net 30. AMEX will reach out to the supplier contact provided on the supplier information form to complete the setup process. Full remittance provided with payment. US entities only.
- **ACH** – payment by electronic funds transfer. A business bank accepting U.S. dollars is required. Net 45
- **Paper check** – Least preferred. Our goal is to minimize paper check payments to suppliers.

PAYMENT TERMS:

- Net 30 – payment is generated 30 days from invoice date.
- Net 45 - payment is generated 30 days from invoice date.

INVOICING

- **Invoice Submission:** Send invoices to invoices-pds@case.edu in PDF format. Do not send questions to this email as they will not be replied to. Make the CWRU Purchase Order (PO) number is listed on the invoice. Invoices without correct PO numbers will not be processed or paid.
- **Payment Status Questions:** Send questions to acctpay@case.edu.
- Common Invoice Rejection/Processing Delay Causes:
 - **No PO number:** A valid CWRU PO must be displayed on the invoice and NOT in the email.
 - **Invoices Sent Somewhere Else:** Invoice was mailed, faxed, or emailed to another person or location other than invoices-pds@case.edu.
 - **Format:** PDF format is the only acceptable format. Other file formats will not be accepted by the system.

BUSINESS DIVERSITY – select all for which your business has self-certified in the Federal System for Award Management, or has attached the State of Ohio certification. Refer to the links for each program by [clicking here](#).

REQUESTER'S INFORMATION – provide your CWRU contact's name, department, and email address.

CERTIFICATION – sign and date the W-9 Certification. Section 4 is only applicable if supplier is a U.S. Entity and is seeking to use the Supplier Information form as a substitute for submitting a W9 form.

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.

FORM PURPOSE (check one)		New Supplier Add	Update Existing Supplier Information
PAYEE/COMPANY INFORMATION			
1	NAME		
	ADDRESS		
	CITY, STATE, and ZIP+4 CODE		
	ACCOUNTS RECEIVABLE CONTACT NAME	ACCOUNTS RECEIVABLE CONTACT PHONE	
	BUSINESS EMAIL ADDRESS (for payment notification)	TAXPAYER IDENTIFICATION NUMBER (TIN) (SSN or 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

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

Using Box to Upload Vendor Paperwork

1. Save the completed forms and attachments on your computer. Verify all signatures on the documents are wet signatures or 3rd party verified digital signatures.
2. Click this link <https://cwru.app.box.com/f/ae9f53a2ab524abda8424ba9d9ef285f> which will take you to the Web page shown below in the images below. You do not need to be logged into Box, or even have a Box account to upload the documents.
3. Drag and drop the forms. Then Click "Submit". **ALL FORMS AND ATTACHMENTS MUST BE INCLUDED IN YOUR SUBMISSION.** Incomplete submissions will not be processed.

Supplier Information Form/W9 Submission

In order to receive payment from CWRU, the recipient must be added to PeopleSoft as a vendor. All fields marked * are mandatory on the Supplier Information Form. Incomplete submission cannot be processed and will be returned for completion. For businesses, the form must be completed and signed by a designated company representative.

Upload files *



Drag and drop files

Select Files

Submit