

### Supplier Information Form Instructions

Please use the appropriate checklists below to ensure all information is completed when registering as a new supplier or updating your current supplier record. **Incomplete forms and forms without required attachments may not be processed.**

**This form should not be used for current CWRU students.**

**Signature Requirements:** Signatures are required to be wet signatures or certified digital signatures. Font signatures and typeface of signatures will not be accepted.

#### **New Supplier Setup Checklist:**

**Required – Section 1 – Form Purpose**

**Required – Section 2 – Supplier Information - Email is required. Forms without an email will be returned.**

**Required – Section 3 – Certification** - Complete only one of the following:

- If using this supplier information form as a substitute W9, you must sign Section 3 - Certification
- Attach a copy of your W9 (US residents or citizens, and US companies)
- Attach a copy of your W8 (non-US residents or citizens, and non-US companies)

**Required – Section 4 – CWRU Requestor Information**

**Required – Section 5 – Conflict of Interest Declaration** - This section **MUST** be signed, regardless of YES or NO responses.

**Required – Section 6 – Payment Options**

**Optional – Section 7 – Government Classification**

**ACH Enrollment Form** – Required if ACH Payment was selected in Section 6 of the Supplier Information Form

**Required** - Upload completed form(s) and attachment(s) to the secure BOX folder at:

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

#### **Updating Existing Supplier Information Checklist:**

If seeking to update your supplier information, please refer to the chart below for the required information. Upload completed form(s) and attachment(s) to the secure BOX folder at: <https://case.edu/procurement/purchasing/supplier-information-formw9-submission>. Changes may take up to 60 days to implement.

<b>Type of Update</b>	<b>Actions to Be Completed</b>
Address	Sections 1 – 5 of the Supplier Information Form
Company Name or DBA have changed, but your tax ID <u>has not</u> changed	Sections 1 – 5 of the Supplier Information Form
Company Name or DBA have changed, and your tax ID <u>have</u> changed	A new vendor record is required to be created. Refer to the New Supplier Checklist.
Conflict of Interest Declaration	Sections 1, 2, 4, and 5 of the Supplier Information Form
Payment Method	Sections 1 – 6 of the Supplier Information Form and the ACH Enrollment Form (if applicable)
Government Classification	Sections 1 – 5, and 7 of the Supplier Information Form

Supplier Information Form



SECTION 1 - FORM PURPOSE										
<b>1</b>	<p><b>What is the purpose of filling out this form (Check one):</b>  <input type="checkbox"/> New Supplier Setup or New Individual Setup      <input type="checkbox"/> Update Existing Information</p> <p><b>Check one if applicable:</b>  <input type="checkbox"/> Supplier is a foreign individual or entity performing work for CWRU in the USA.  <input type="checkbox"/> Supplier is a foreign individual or entity performing work for CWRU outside the USA</p>									
SECTION 2 - SUPPLIER INFORMATION										
	<p><b>NAME</b> (as registered with the IRS)</p> <hr/> <p><b>TRADE NAME/DBA</b></p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;"><b>REMITTANCE ADDRESS</b> (number, street, and apt or suite no) (attach additional page if your company has multiple remittance addresses you would like added)</td> <td style="width: 50%; border: none; padding: 5px;"><b>PRIMARY HEADQUARTERS ADDRESS</b> (Required if different from remittance address)</td> </tr> <tr> <td style="border: none; padding: 5px;"><b>CITY, STATE, and ZIP+4 CODE</b></td> <td style="border: none; padding: 5px;"><b>CITY, STATE, and ZIP+4 CODE</b></td> </tr> <tr> <td style="border: none; padding: 5px;"><b>PHONE</b></td> <td style="border: none; padding: 5px;"><b>EMAIL</b></td> </tr> </table>	<b>REMITTANCE ADDRESS</b> (number, street, and apt or suite no) (attach additional page if your company has multiple remittance addresses you would like added)	<b>PRIMARY HEADQUARTERS ADDRESS</b> (Required if different from remittance address)	<b>CITY, STATE, and ZIP+4 CODE</b>	<b>CITY, STATE, and ZIP+4 CODE</b>	<b>PHONE</b>	<b>EMAIL</b>			
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<b>2</b>	<p><b>TAX CLASSIFICATION (check only one)</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;"> <input type="checkbox"/> Multiple Member LLCs and Partnerships Corporations  <input type="checkbox"/> Non-US Entity (W8 Tax Form Required)  <input type="checkbox"/> Government Entity  <input type="checkbox"/> Other, Please Specify  <input type="checkbox"/> Individual, Sole Proprietors, Independent Contractors, or Single Member LLCs  <input type="checkbox"/> Reimbursements                             <ul style="list-style-type: none"> <li>• Reimbursements for Employees – submit request through the PeopleSoft T&amp;E Module.</li> <li>• Reimbursements for Students – contact Student Affairs</li> </ul> </td> <td style="width: 50%; border: none; padding: 5px;"> <input type="checkbox"/> Stipend or Study Participant  <input type="checkbox"/> Recipient of an Honorarium (<i>fill out <a href="#">Honorarium form too</a></i>)  <input type="checkbox"/> Recipient of a Prize or an Award  <input type="checkbox"/> Recipient of Rent  <input type="checkbox"/> Recipient of Royalties                             </td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width: 60%; border: none; padding: 5px;"><b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b></td> <td style="width: 40%; border: none; padding: 5px;"><b>EXEMPTIONS</b></td> </tr> <tr> <td style="border: none; padding: 5px;"> <table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 5px;">SOCIAL SECURITY NUMBER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 60%; border: 1px solid black; padding: 5px;">EMPLOYER IDENTIFICATION NUMBER</td> </tr> </table> </td> <td style="border: none; padding: 5px;">                 EXEMPT PAYEE CODE (if any) _____                  EXEMPTION FROM FATCA REPORTING CODE (if any) _____             </td> </tr> </table>	<input type="checkbox"/> Multiple Member LLCs and Partnerships Corporations <input type="checkbox"/> Non-US Entity (W8 Tax Form Required) <input type="checkbox"/> Government Entity <input type="checkbox"/> Other, Please Specify <input type="checkbox"/> Individual, Sole Proprietors, Independent Contractors, or Single Member LLCs <input type="checkbox"/> Reimbursements <ul style="list-style-type: none"> <li>• Reimbursements for Employees – submit request through the PeopleSoft T&amp;E Module.</li> <li>• Reimbursements for Students – contact Student Affairs</li> </ul>	<input type="checkbox"/> Stipend or Study Participant <input type="checkbox"/> Recipient of an Honorarium ( <i>fill out <a href="#">Honorarium form too</a></i> ) <input type="checkbox"/> Recipient of a Prize or an Award <input type="checkbox"/> Recipient of Rent <input type="checkbox"/> Recipient of Royalties	<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>	<b>EXEMPTIONS</b>	<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 5px;">SOCIAL SECURITY NUMBER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 60%; border: 1px solid black; padding: 5px;">EMPLOYER IDENTIFICATION NUMBER</td> </tr> </table>	SOCIAL SECURITY NUMBER	<b>OR</b>	EMPLOYER IDENTIFICATION NUMBER	EXEMPT PAYEE CODE (if any) _____ EXEMPTION FROM FATCA REPORTING CODE (if any) _____
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SOCIAL SECURITY NUMBER	<b>OR</b>	EMPLOYER IDENTIFICATION NUMBER								
SECTION 3 - CERTIFICATION										
Sign below if using this form as a substitute for the W-9. Alternatively, you may attach a completed W-9 or W-8 form instead of signing below. Please note, if submitting a W-9 or W-8, completion of sections 1-2, and sections 4-6 of this form is still required.										
<b>3</b>	<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. I am a U.S. citizen or other U.S. person (defined in the IRS Form W-9 instructions); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p>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.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 40%; border: none; padding: 5px;"><b>SIGNATURE</b></td> <td style="width: 60%; border: none; padding: 5px;"><b>DATE</b></td> </tr> <tr> <td style="border: none; padding: 5px;"><b>PRINT NAME</b></td> <td style="border: none; padding: 5px;"><b>TITLE</b></td> </tr> </table>	<b>SIGNATURE</b>	<b>DATE</b>	<b>PRINT NAME</b>	<b>TITLE</b>					
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See W-9 Disclosures on Page 4.

**Signature Requirements:** Signatures are required to be wet signatures or certified digital signatures. IRS signature requirements can be found [here](#). Font signatures and typeface of signatures will not be accepted.

SECTION 4 - CWRU REQUESTER INFORMATION						
<b>4</b>	CWRU CONTACT NAME	CWRU DEPARTMENT				
CWRU EMAIL						
SECTION 5 – CONFLICT OF INTEREST DECLARATION						
<b>5</b>	<p>Do any of the supplier and/or the supplier’s officers, owners, founders, directors, investors, and/or controlling members of the supplier match any of the following criteria:</p> <p>Yes    No    A current CWRU employee or trustee (or the family member of a current CWRU employee or trustee)? If “YES,” provide the applicable name(s) and university department(s) if known.</p> <p>Yes    No    A former CWRU employee (or the family member of a former CWRU employee)? If “YES,” provide the applicable name(s) and if you are aware if the person was subject to a termination agreement.</p> <p>If “YES” was answered to either question above, please provide details here:</p> <p style="background-color: #ffffcc;">Both YES and NO responses require a signature. Please complete the Signature section below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">SUPPLIER SIGNATURE</td> <td style="width: 50%; padding: 5px;">DATE</td> </tr> <tr> <td style="padding: 5px;">SUPPLIER PRINT NAME</td> <td style="padding: 5px;">SUPPLIER SIGNATORY’S TITLE</td> </tr> </table>		SUPPLIER SIGNATURE	DATE	SUPPLIER PRINT NAME	SUPPLIER SIGNATORY’S TITLE
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SECTION 6 - PAYMENT OPTIONS						
<b>6</b>	<p>Invoices must be properly submitted per the guidelines on page 4. Incomplete enrollment in a AMEX or ACH payment method will result in payments being made via check at Net 45 terms.</p> <p><b>Select One:</b></p> <p>Net 20 with AMEX Virtual Card (Vpay) or AMEX BIP payment – preferred payment methods. The AMEX setup process can take 1-4 weeks. Submit the CWRU ACH Enrollment Form to avoid check payments as your default.</p> <p>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%; padding: 5px;">NAME:</td> <td style="width: 25%; padding: 5px;">TITLE:</td> <td style="width: 25%; padding: 5px;">EMAIL:</td> <td style="width: 25%; padding: 5px;">PHONE:</td> </tr> </table> <p>Net 45 Check payment is only made twice a week.</p> <p>Net 45 with ACH payment (must attached the completed ACH Enrollment Form and attachments, see page 5)</p> <p>For Company’s and Independent Contractors, describe Supplier’s primary goods or services to be provided to CWRU.</p>		NAME:	TITLE:	EMAIL:	PHONE:
NAME:	TITLE:	EMAIL:	PHONE:			
SECTION 7 - GOVERNMENT CLASSIFICATIONS (if applicable)						
<b>7</b>	<p>Yes    No    Does your business hold any of the following government classifications: Small Business, Small Disadvantaged Business, Service-Disabled Veteran-Owned Business, Veteran-Owned Business, or Historically Underutilized Business Zone (HUBZone)?</p> <p>Yes    No    If yes, have you attached a copy of your company’s active certifications?</p>					

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**UPLOAD COMPLETED FORM(S) AND ATTACHMENT(S) TO THE SECURE BOX FOLDER AT:**  
<https://case.edu/procurement/purchasing/supplier-information-formw9-submission>

## Invoicing Instructions

- **Invoice Submission:** Send invoices to [invoices-pds@case.edu](mailto:invoices-pds@case.edu) in PDF format. Only include 1 (one) invoice per email.
- **Payment Status Questions:** Send questions to [acctpay@case.edu](mailto: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 at [invoices-pds@case.edu](mailto:invoices-pds@case.edu).
  - PDF format is the only acceptable invoice format. Other file formats cannot be processed in our system.
  - Requests to change supplier banking information on an invoice will not be honored or acknowledged.

## 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](mailto:Customercareteam-pds@case.edu)

Tax Forms - W9	<a href="https://www.irs.gov/forms-pubs/about-form-w-9">https://www.irs.gov/forms-pubs/about-form-w-9</a>
Tax Forms - W8	<a href="https://www.irs.gov/forms-pubs-search?search=W8">https://www.irs.gov/forms-pubs-search?search=W8</a>
IRS Signature Requirements	<a href="https://www.irs.gov/newsroom/details-on-using-e-signatures-for-certain-forms">https://www.irs.gov/newsroom/details-on-using-e-signatures-for-certain-forms</a>
Secure BOX for submitting forms	<a href="https://case.edu/procurement/purchasing/supplier-information-formw9-submission">https://case.edu/procurement/purchasing/supplier-information-formw9-submission</a>
Procurement Terms & Conditions	<a href="https://case.edu/procurement/purchasing/terms-conditions">https://case.edu/procurement/purchasing/terms-conditions</a>
Procurement Website	<a href="https://case.edu/procurement/">https://case.edu/procurement/</a>
Compliance Program/Policies	<a href="https://case.edu/compliance/">https://case.edu/compliance/</a>
University Conflicts of Interest Policy	<a href="https://case.edu/research/sites/default/files/2023-05/CWRUCOIPolicy42023Final.pdf">https://case.edu/research/sites/default/files/2023-05/CWRUCOIPolicy42023Final.pdf</a>
University Tobacco-Free Policy	<a href="https://case.edu/tobaccofree/policy">https://case.edu/tobaccofree/policy</a>

## ACH Enrollment Form

Electronic Funds Transfer Authorization



All sections required to be completed.

<b>FORM PURPOSE</b> (check one)		New Supplier Add	Update Existing Supplier Information
<b>PAYEE/COMPANY INFORMATION</b>			
<b>1</b>	PAYEE/COMPANY NAME		
	ADDRESS		
	CITY, STATE, and ZIP+4 CODE		
	PAYEE/COMPANY TAX ID		
	SOCIAL SECURITY NUMBER	<b>OR</b>	EMPLOYER IDENTIFICATION NUMBER
	ACCOUNTS RECEIVABLE (PAYMENT RECEIVING) CONTACT NAME		ACCOUNTS RECEIVABLE (PAYMENT RECEIVING) CONTACT PHONE
BUSINESS EMAIL ADDRESS (for payment notification)			
<b>PREVIOUS BANKING INFORMATION (REQUIRED IF REQUESTING AN ACCOUNT CHANGE)</b>			
<b>2</b>	DEPOSITORY INSTITUTION NAME		
	TRANSIT ROUTING NUMBER		ACCOUNT NUMBER
<b>NEW BANKING INFORMATION</b>			
<b>3</b>	DEPOSITORY INSTITUTION NAME		
	TRANSIT ROUTING NUMBER		ACCOUNT NUMBER
	ACCOUNT TYPE	CHECKING	SAVINGS
<b>REQUIRED *****VERIFICATION ATTACHMENTS*****REQUIRED</b>			
<b>4</b>	<p style="color: red; margin: 0;"><b>REQUIRED</b> - ATTACH A VOIDED CHECK OR BANK VERIFICATION LETTER TO CONFIRM ACCOUNT INFORMATION</p> <p style="margin: 0;">If we are unable to verify your banking information through our banking verification software, failure to provide this documentation could cause the ACH Enrollment Form to be rejected and default payment method set as check.</p>		
<b>AUTHORIZATION</b>			
<b>5</b>	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

Signature Requirements: The person signing this authorization form must be the individual owner of the bank account or a designated officer from the Finance Department of the company listed. The signature on the ACH Enrollment Form is required to be a wet signature or certified digital signature. Font signatures and typeface of signatures will not be accepted.

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