

VEND OR MAS TER FORM
eS eeDPV only
PLEASE TY PE OR PRINT FORM

SLU Contact : _____

Vendor Inf orm ation Required for Payme nt

REMIT TO:

Vendor name	_____
DBA	_____
Street/PO Box	_____
City, State, Zip	_____
Contact Name	_____

Does this v endor accept American Express? [] Yes [] No
Is this company listed as a Certified Minority Vendor? [] Yes [] No

If Yes, please complete the attached Certification of Status Form

PAYMENTS TO NON -SLU PERSONS (pla ce an X on the line to designate type)

- | | |
|---|--|
| <input type="checkbox"/> Attorney /Legal Fees | <input type="checkbox"/> Prize or Award |
| <input type="checkbox"/> Consulting/Other Services: <u>Precepting</u> | <input type="checkbox"/> Professional Entertainment |
| <input type="checkbox"/> Due s/ Subs criptions | <input type="checkbox"/> Refund |
| <input type="checkbox"/> Expense Reimbursement | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Honorarium | <input type="checkbox"/> Services (type): _____ |
| <input type="checkbox"/> Licenses (Dr., Attorney, Car....) | <input type="checkbox"/> Speaker/Lecture Fee |
| <input type="checkbox"/> Local Seminar/Conference/Registration Fee | |
| <input type="checkbox"/> Medical/Healthcare Services | |
| <input type="checkbox"/> Patient Study | Non -Resident of US (Submit W8- BEN Form) |
| <input type="checkbox"/> Pre-Pay Travel | <input type="checkbox"/> Expense Reimbursement |
| <input type="checkbox"/> Pre-move | <input type="checkbox"/> Personal Services/Honoraria |

SLU DEPAR TMENT INF ORMATION

YOUR N AME: _____ PHONE: _____ EMAIL: _____

VENDOR B ANNER I D NUMBER: _____

Comple te form and return to eSeeP ay@li st.slu .edu or fax 314-9 77-2 298

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

^a Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate
- _____

Print or type.
See Specific Instructions on page 3.

[Redacted area containing multiple lines of obscured text]

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