

You may use this form in two ways:

- Enter your information online. Print the form, sign it, and fax or mail to the appropriate address below.
- Print the form, enter your information, sign it, and fax or mail to the appropriate address below.

Vendor Information Form

This form must be completed prior to receiving payment from the University of Illinois.

If you need help, email us at uivendor@uillinois.edu or phone 217-244-6482 or 217-244-0427.

1 Requesting department enters information (U of I use only):

	New	Update	Date:
U of I Department Name:			
Contact Person:			
Phone Number:		E-Mail:	
Campus:	Chicago	Springfield	Urbana/Champaign
	Purchase Order Transactions	Invoice Voucher Transactions	
Add to iBuy			

2 Vendor enters tax information:

Please mark all boxes that apply.

- | | | |
|-----------------------------|--------------------------------|--------------------------|
| Individual (TI) | Corporation/Incorporated (TC) | Gov Entity (TG) |
| Sole Proprietor (TI) | Med Health Care Srcs Prov (TM) | Not-for-Profit Corp (TN) |
| LLC Sole Proprietor (TL/TI) | Real Estate Agent (TR) | Tax Exempt Org (TE) |
| LLC Partnership (TL/TP) | Attorney (AT) | Foreign Vendor (VF) |
| LLC Corporation (TL/TC) | Partnership (TP) | Trust or Estate (TT) |

Last name


First

Middle

Individuals: Please check the appropriate classification.

U.S. Citizen


Resident Alien



Non-Resident Alien 

Business name (if different from above)

Businesses: Please check the appropriate classification.

US Company

Foreign Vendor with US Presence 

Foreign Vendor  

Types of Goods/Services provided:

Goods

Services

Attorney

Royalties

Medical

Other Please describe

**1099 Reporting Address
(for individuals this should be your permanent residence)**

Phone:

Fax:

Email Address:

Payment Address (if different from above)

Phone:

Fax:

Email Address:

Purchase Order Address (if different from above)

Phone:

Fax:

Email Address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

The University will not disclose a recipient's SSN or FEIN without the consent of the recipient to anyone outside the University except as mandated by law.

Social security number

or
Employer ID number/FEIN

Part II Type of Operation (optional)**Diverse Business**

African American (CA)

Asian American (CM)

Female (CW)

Hispanic American (CH)

Alaskan Native/Native American (CN)

Veteran (CV)

Disabled (CD)

Small Business (Please check all that apply)

Small Business (B2)

Small Disadvantage Business (CE)

Women-owned small business (CF)

Veteran-owned small business (CG)

HUBZone small business (CZ)

Service-disabled veteran-owned small business (CS)

Certifying Organization:

DCMS (Department of Central Management Services) Business Enterprise Program (C2)

CMBDC (Chicago Minority Business Development Council) (C3)*

IDOT (Illinois Department of Transportation) (C4)*

WBDC (Women's Business Development Center) (C5)*

Other (Please specify):

*Please provide letter of certification from certifying agency when submitting this form.

Part III Conflict of Interest

Yes No Are you or any Officer, Director, Owner or Partner in this company an employee of the University of Illinois?

Yes No Is a direct family member of any of the above an employee of the University of Illinois? (Direct family members include spouse/partner or minor child)

Yes No Does any University employee have an ownership interest in your firm that exceeds 7.5%?

If Yes to any of the above, please provide the names of the individuals involved:

Part IV Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number 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. person (including a U. S. resident alien).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with the University of Illinois is currently Subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U. S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following website: <http://epls.arnet.gov> and <http://www.state.il.us/agency/oig/search.asp>. University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of this form.

Sign Here (This form is not considered valid unless signed and dated)

Signature of U.S. Person ➡ _____ Date

Printed Name: _____ Phone Number

E-mail Address (optional)

3 Vendor submits form:

To help ensure the security of your tax identification information, please return this form directly to the following:

Vendor Maintenance Department

University Payables
178 Henry Admin. Bldg
506 S. Wright Street, MC-345
Urbana, IL 61801

Or fax to: 217-239-6850

If submitting this form by fax, there is no need to mail a hardcopy.

Non-Resident Aliens should return the completed & signed W8BEN along with the Vendor Information Form to the department contact listed on the Vendor Information Form.

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