



A member of the Texas State University System

Submit to: FI Master Data Center FORM #FS-01
JCK 524
Fax: (512) 245-8990
Phone : (512) 245-9284 / (512) 245-8817

Vendor Maintenance Form / Substitute W-9

SAP Vendor Number (optional)

Instructions: Vendor must complete the form, print, sign Section C or D and E, and fax to the number above. Vendor named herein agrees to indemnify and hold Texas State harmless for delays in payment due to disasters or other emergencies.

Current Texas State employees, including student workers, please fill out form FS-02 instead.

SECTION A - VENDOR GENERAL INFORMATION (Required):

Type of Purchase: Materials, Services, Both
Type of Vendor: Individual/Sole Proprietor, C Corporation, S Corporation, Partnership, Trust/Estate
Other: Limited liability company, Other (see IRS W-9 instructions)
Federal Agency, State of Texas Agency, number
Medical/Legal, Exempt payee
Foreign Vendors Only: Non-Resident Alien, Home Country, ITIN

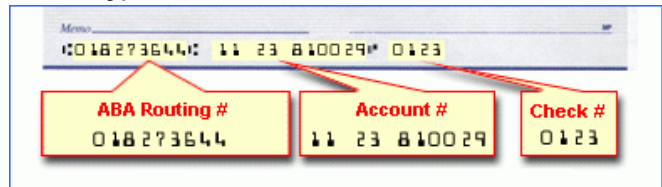
Please attach the appropriate IRS Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities)

SECTION B - VENDOR DETAILS (Required):

Vendor Name (legal name)
Business Name (if different)
Mailing Address: (For Purchase Orders or correspondence)
City, State, Country, Zip
Remit to Address: (If different)
City, State, Country, Zip
Vendor Phone, Vendor Fax, Toll Free Phone

SECTION C - PAYMENT ACCOUNT INFORMATION (for U.S. banks only):

Bank Name
Account Type: Checking, Savings
ACH Routing Number
Bank Account Number
Email to receive payment notifications



Will these payments be forwarded to a financial institution outside the United States (required)? Yes No

I authorize Texas State University-San Marcos to deposit my payments to my financial institution electronically.

I understand that Texas State University-San Marcos will reverse any payments made to my account in error.

I further understand that Texas State University-San Marcos will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

X
Authorized Signature
Printed name
Date

**SECTION D – ELECTRONIC PAYMENT EXEMPTION:**

I claim exemption and request payment by state warrant (check) because:

**X**

Authorized Signature

Printed name

Date

**SECTION E – SUBSTITUTE W-9 (Required by U.S. Persons only):**

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 due to failure to report interest and dividend income and (3) I am a U.S. person.

Taxpayer Identification Number

Federal Employer Identification Number:

or

Social Security Number:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**X**

Authorized Signature

Printed name

Date

**SECTION F - TEXAS STATE DEPARTMENT CONTACT INFORMATION:**

Contact Name

Phone

(512)

Department Name

Email

@txstate.edu

Action:

New Vendor Setup

Change

Delete

If change or delete, SAP Vendor Number