

Purpose of form: Provide information for a new supplier Update information for existing supplier

Legal Name _____ DBA (Doing Business As, if applicable) _____

Is Supplier a US citizen or entity? Yes No

If **YES**, a completed Form W-9 must be completed and attached.

If **NO**, and...

- (1) Individual is performing services IN the U.S; the **Foreign National Information Form for Non-employees** must be completed and attached.
- (2) Individual is performing services OUTSIDE the U.S; the **Foreign Source Income Form** must be completed and attached.
- (3) Supplier is an entity, **Form W-8** must be completed and attached.

NOTE: W-9 or W-8 forms can be found at: <http://www.irs.gov/formspubs/index.html> or <http://www.cmu.edu/finance/forms>

If payments to Supplier should be made to an address different than that listed on Supplier's completed Form W-9/W-8, please state payment address here:

State what you will be providing to Carnegie Mellon: Product Service Both

Description: _____

CMU will be issuing your payment via Electronic Funds Transfer (EFT). Please provide the banking information below.

Bank Name: _____ Bank Routing Number: _____
 Bank Address: _____ Bank Account Number: _____
 City, State, Zip: _____ Account Type: Checking Savings
 Email remittance to: _____ Currency: _____ Ledger: _____

Note: A CMU Accounts Payable representative will contact the supplier to verify the banking information provided on the form. If the supplier does not verify banking information, the supplier will be paid by check.

Is supplier subject to PA Income Tax Withholding? Yes No Instructions for PA 1099 MISC Exemption Certificate can be found on the [Accounts Payable site](#) or in the [Supplier Information Package - US \[pdf\]](#).

Minority/Disadvantaged Business Information (select all applicable)

Large business concern Small business concern Women-owned Veteran-owned HUBzone HBCU/MI
 Service Disabled Veteran-owned Disadvantaged/Minority Black American Asian American Hispanic American Native American
 Alaskan Native Corp _____ [View Minority/Disadvantaged Business Definitions.](#) Type of Organization: _____

Is Supplier in the System for Award Management (SAM.gov)? Yes No (<https://sam.gov/content/home>) Please provide a copy of certification with this form.

By signing below, Supplier acknowledges that it has received and reviewed the university's [FCPA Guidance](#) and [COVID-19 Mitigation Protocols](#).

Do you anticipate that it will be necessary to interact with any foreign officials on behalf of Carnegie Mellon University? Yes No

Is any owner (or family member of an owner) an official of a foreign government? Yes No

Description: _____

Signature & Agreement: By signing this form, Supplier agrees that the information provided on this form is true and correct. The Supplier agrees to timely submit updated information in the event the information provided is no longer true and correct by completing and returning to CMU an updated Supplier Information Form.

Signature of Supplier Authorized Representative **Name & Title (Printed or Typed)** Date

CMU Purchasing Contact Name: **Email/Phone:** _____

Official Use Only: If applicable, FCPA Review (Print Name): _____
 Supplier # Assigned: _____ Approved by: _____
 Maintained by: _____ Date: _____
 Supplier in EPLS? Yes No Bank in EPLS? Yes No Ledger: _____
 ICC Required? Yes No

Please submit this form from a CMU email address to Accounts Payable at ap-supplier-doc@andrew.cmu.edu.