



## Guide for the Substitute W-9 and Supplier Information Form

1. **SUPPLIER INFORMATION** – provide information about your company.
2. **PURCHASE ORDERS** – provide a fax number and/or email address for Purchase Order delivery and select only ONE of the seven payment terms options.

### PAYMENT TERMS:

- N30 – payment is generated 30 days from invoice date
- N45 – payment is generated 45 days from invoice date
- N60 – payment is generated 60 days from invoice date
- Immediate – payment is generated 1 business day after the invoice is processed and approved
- 2%10,N30 – a 2% discount is taken if the invoice is paid within 10 days of the invoice received date; otherwise, invoice is paid in full 30 days from invoice date
- 1%20,N45 – a 1% discount is taken if the invoice is paid within 20 days of the invoice received date; otherwise, invoice is paid in full 45 days from invoice date
- 1%20,N60 – a 1% discount is taken if the invoice is paid within 20 days of the invoice received date; otherwise, invoice is paid in full 60 days from invoice date

### PAYMENT METHODS:

- ACH – payment by electronic funds transfer. A business bank account is required.
- Virtual Card/Payment Plus – payment via a one-time use virtual credit card number issued by US Bank. Once an invoice is processed, US Bank will provide the credit card information necessary to access and process the payment. Merchant interchange fees apply. Supplier information will be forwarded to US Bank to facilitate registration and payment notification.
- Paper Check

### ELECTRONIC INVOICE SUBMISSION METHODS:

- Transcepta – a third party service provider that handles supplier electronic invoice submissions for UCSF. Register at: <http://connect.transcepta.com/ucsf>
- UCSF BearBuy Supplier Portal – an alternate method to submit invoices electronically. Register at: <https://solutions.sciquest.com/apps/Router/SupplierLogin?CustOrg=UCSF>

3. **BUSINESS DIVERSITY** – select all for which your business has self-certified as defined in the Ability One Program, the System for Award Management, or on the State of California website. Refer to the links for each program and the State of California for self-certification.
4. **REQUESTER'S INFORMATION** – provide your UCSF contact's name, email address, and phone number.
5. **CERTIFICATION** – sign and date the Certification.

## Substitute W-9 Form Disclosures

### PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and 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, or 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. 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 a 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.



**ACH Enrollment Form**  
Electronic Funds Transfer Authorization

New Request  
(Not available to individuals)

Account Change

Cancel

PAYEE/COMPANY INFORMATION		
<b>1</b>	<b>NAME</b>	
	<b>ADDRESS</b>	
	<b>CITY, STATE, and ZIP+4 CODE</b>	
	<b>A/R CONTACT NAME</b>	<b>A/R CONTACT PHONE</b>
	<b>BUSINESS EMAIL ADDRESS</b> (for payment notification)	<b>EMPLOYER ID NO (EIN)</b>
PREVIOUS BANKING INFORMATION (REQUIRED IF REQUESTING AN ACCOUNT CHANGE)		
<b>2</b>	<b>DEPOSITORY INSTITUTION NAME</b>	
	<b>TRANSIT ROUTING NUMBER</b>	<b>ACCOUNT NUMBER</b>
NEW BANKING INFORMATION		
<b>3</b>	<b>DEPOSITORY INSTITUTION NAME</b>	
	<b>TRANSIT ROUTING NUMBER</b>	<b>ACCOUNT NUMBER</b>
	<b>ACCOUNT TYPE</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

**IMPORTANT NOTE: The person signing the Authorization must be a designated officer from the Finance Department and a person other than the contact listed above.**

AUTHORIZATION		
<b>4</b>	I hereby authorize the University of California San Francisco (UCSF) 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 UCSF receives written notification of its termination. I understand payment details will be sent to the business email address provided above.	
	<b>SIGNATURE</b>	<b>DATE</b>
	<b>PRINT NAME</b>	<b>TITLE</b>

**\*\*\* ATTACH A VOIDED CHECK OR BANK VERIFICATION LETTER TO CONFIRM ACCOUNT INFORMATION \*\*\***

SUBMIT FORM AND REQUIRED DOCUMENTATION TO ONE OF THE FOLLOWING	
<b>5</b>	<p><b>EMAIL (preferred):</b> <a href="mailto:vendors@ucsf.edu">vendors@ucsf.edu</a></p> <p><b>MAIL:</b> UCSF Supply Chain Management C/O Supplier Registration 1855 Folsom St Ste 304 San Francisco, CA 94143-0910</p>