

<b>Ferris State University</b>  <small>Substitute Form W-9</small>	<b>Request for Payee Identifier Information</b>	<b>Give form to the Requester</b>  <small>Do NOT send to the IRS</small>
<b>PURPOSE</b>  To insure accurate data and avoid duplication this information is required to reimburse or refund money. If you have any questions please call the Purchasing Office 231-591-2165.		
<b>Payee Information</b>		
Name (Legal Name-Must match IRS records)		
Business or Other Name, <b>if different from above.</b> (DBA)		
Address (number, street and apt. or suite no.)		<b>Requester's name and address</b> Ferris State University Purchasing Office 420 Oak Street PRK250 Big Rapids, MI 49307 Fax: 231-591-3902
City, State and ZIP code	area code and phone number	
<b>Payee E-Mail Address</b>		
Check ONE appropriate box: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> NOT FOR PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER		
This form is ONLY to be used for Refund of money paid to the University or non-employee travel reimbursement.		
<input type="checkbox"/> Reimbursement for my incurred expenses Type of Expense: _____  <input type="checkbox"/> Refund for funds paid to the University Refund OF: _____		
<b>Payee Identification Number (SSN or TIN)</b>		
Enter your SSN/TIN in the appropriate box. For individuals, this is your Social Security number (SSN). <b>However, for a resident alien or sole proprietor see page 2 of the IRS form W-9.</b> For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" on page 2 of the IRS form W-9. <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">Link to IRS W9 Form = http://www.irs.gov/pub/irs-pdf/fw9.pdf</a>		Social Security number XXX-XX- ____ - ____  Date of Birth: Month ____ Day ____  Employer Identification number ____ - ____ - ____ - ____
<b>Information</b>		
1. I certify that the above information is correct. 2. I understand that the above data will be kept secure by the University and will not be shared or sold with any outside entities. 3. I understand that the information provided is to assist the University in properly identifying me in the database for current & any future payments that may be necessary. 4. If this pdf document is sent attached to an email <u>matching</u> the above listed name it may be assumed and construed as a digital signature. Otherwise, it should be printed and faxed to the Purchasing Office 231-591-3902.		
<b>Sign Here</b>	Signature _____ Date _____  Print/Type Name _____ Title _____	
ANY QUESTIONS REGARDING THIS FORM PLEASE EMAIL: <a href="mailto:PURCH@FERRIS.EDU">PURCH@FERRIS.EDU</a> OR CALL THE PURCHASING OFFICE (231) 591-2165		