



Submit to: Disbursement & Travel Services (BSB101)  
 PO Box 2185 Huntsville TX 77341  
 Fax: (936) 294-3796  
 Phone: (936) 294-4801  
 Email: acctspay@shsu.edu

**Payee Form / Substitute W-9**

**Instructions:** Vendors must complete the form, print, sign Section C or D and E, and email to the information above. Vendor named herein agrees to indemnify and hold Sam Houston State University harmless for delays in payment due to disasters or other emergencies.

**SECTION A - VENDOR GENERAL INFORMATION (Required)**

**Type of Payment**      Prospective Employee      Refund      Reimbursement

**Type of Vendor**      Individual/Sole Proprietor      C Corporation      S Corporation      Partnership      Trust/Estate

Limited Liability company Enter the tax classification ( C = Corporation, S = S Corporation, P = Partnership)  
 Other (See IRS W-9 Instructions)      Texas Charter Number

Federal Agency      State of Texas Agency      Medical/Legal      Exempt Payee

**Foreign Vendors Only:**      Non-resident Alien      Home Country      FEIN (Required for SHSU):  
    Foreign Tax Identification Number:

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** (as shown on your income tax return)  
**Business Name** (DBA)

**Mailing Address** (for purchase orders or correspondence)

**City**      **State**      **County**      **Zip Code**

**Remit to Address** (if different)

City      State      County      Zip Code

**Vendor Phone Numbers:**  
 (Payment Remittance)

**Fax**      **Email**

For Purchasing Order Purposes: Email:      or Fax:

**SECTION C - SUBSTITUTE W-9 (Required):**

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 (FEIN)      **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.

**Authorized Signature**

**Printed Name**

**Date**

**SECTION D - ELECTRONIC PAYMENT EXEMPTION:**

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

**Authorized Signature**

**Printed Name**

**Date**

**SECTION E - PAYMENT ACCOUNT INFORMATION (for U.S. banks only)**

Bank Name

Bank City/State

Account Type      Checking:                  Savings:

ACH Routing Number

Bank Account Number

Email-to receive payment notification

Will these payments be forwarded to a financial institution outside the U.S?      Yes      No  
**(required)**

I authorize Sam Houston State University to deposit my payments to my financial institution electronically.

I understand that Sam Houston State University will reverse any payments made to my account in error.

I further understand that Sam Houston State University 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.)

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts 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.)

Authorized Signature

Printed Name

Date

**Certification:** I certify that under penalties of perjury that: 1) The number shown on this form is my correct taxpayer identification number; 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; 3) I am a U.S. Citizen or other U.S. person (for Federal tax purposes you are a U.S. person if you are: An individual who is a U.S. Citizen or U.S. resident alien; A partnership, corporation, company, or association created or organized in the U.S. or under the laws of the U.S.; An estate (other than a foreign estate); or A domestic trust (as defined by the IRS Regulations section 301.7701-7).

**Certification Instructions:** You must cross out line two of section B in the certification above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**SECTION F - SAM HOUSTON STATE UNIVERSITY REQUESTING DEPARTMENT CONTACT INFORMATION**

Contact Name

Phone

Department Name

Email

Action

New Vendor Setup

Change

SHSU VENDOR I.D. #

Delete

Click Submit or e-mail completed form to [acctspay@shsu.edu](mailto:acctspay@shsu.edu)



Check Number      Routing Number      Account Number

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