



## **MATCHING FUNDS**

--Any GSO awarded funding for an event in an amount greater than \$250.00 must demonstrate that they have actively sought matching funds. Written proof that this policy has been complied with must be submitted when you turn in your paperwork requesting reimbursement. This may be evidence either that matching funds were received, or that they were actively sought and denied; in this case you must provide contact information for the sources you requested funding from. GPSA will contact the sources you requested matching funds from to verify that you have complied with this policy.

## **READ THE GPSA FUNDING POLICY**

It is your responsibility to familiarize yourself with the GPSA funding policy. Please pay particular attention to the section that lists University prohibitions on purchasing. We will not be able to reimburse you for such items. The policy is available online from the GPSA website.

## **TYPES OF FORMS**

Included in this packet are the various forms you may need to complete.

*Why would I need a...?*

### ***REQUEST FOR FUNDS?***

ALL expenditures that you plan to have reimbursed by GPSA require a Request for Funds (RFF) form. YOU (personally, not your organization) are the requester and payments will be made to you. GPSA will NOT pay vendors directly. An example RFF is included in this packet. You will need to obtain an actual RFF in triplicate from the GPSA Office Specialist when you submit your paperwork and receipts.

### ***BUSINESS MEAL FORM?***

ALL food and beverage purchases require a Business Meals form. One is included in this packet, and you may obtain additional forms from our office. You must list the name, title and affiliation of each person attending your event.

### ***SUBSTITUTE W-9?***

Any time that an individual or group will be paid a wage a substitute W-9 is needed. GPSA can not reimburse individuals/groups paid "under the table." Substitute W-9's allow for proper IRS reporting and for new vendors to be entered into the University Purchasing system.

### ***SERVICE FORM?***

Any time you pay an individual or group a wage it requires a service form. The university requires that you describe the reasons you are purchasing this particular service (speaking, music, etc.)

## **STILL HAVE QUESTIONS?**

*Please, contact us \*in advance\* if you are unsure about funding policies. It is much easier to avoid mistakes than to correct them, and in some cases we will not be able to provide your funding if an error is made, even if you have spent the money. Feel free to contact the GPSA Office Specialist at the Graduate Student Center (480-727-9870) with any questions!*

## FUNDING SUBMISSION CHECKLIST

Please sign in each box to indicate that the required materials have been submitted.

Turn this checklist in to the GPSA Office Specialist with your materials.

<b>REQUIRED FOR ALL EVENTS</b>	REQUESTOR	OFFICE SPECIALIST	ASSEMBLY PRESIDENT
REQUEST FOR FUNDS FORM (In triplicate, pick up from GPSA Business office)			
PROOF OF GRADSTU LISTSERV POSTING			
PROOF OF POSTING ON STATE PRESS & EVENTS@ASU CALENDARS			
PROOF OF GPSA LOGO ON ALL ADVERTISING			
ALL ORIGINAL ITEMIZED RECEIPTS			
<b>MAY BE REQUIRED</b>			
BUSINESS MEALS FORM (If any food or beverage is served at your event)			
ATTENDEE LIST (If food or beverage is served at your event)			
SUBSTITUTE W-9 (If any individual or group has been paid)			
DEPARTMENTAL PROFESSIONAL SERVICES ORDER (If any individual or group is paid).			



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Type of Expense:

<input checked="" type="checkbox"/> <b>Off-Campus:</b> <b>Select one -</b> <input type="checkbox"/> 1) Paid with personal funds or charged to personal credit card. OR <input type="checkbox"/> 2) Charged to ASU purchasing card. No reimbursement requested.	<input type="checkbox"/> <b>Sodexo Sports &amp; Leisure</b> Vendor Code: ICAFOOD Ph: 5-7050 Fax: 7-6190 Reservation #:	<input type="checkbox"/> <b>Distinctive Catering/MU</b> Vendor Code: FOODSERV Ph: 5-6508 Fax: 5-7137 Reservation #:	<input type="checkbox"/> <b>University Club</b> Vendor Code: UNIVCLUB Ph: 5-0700 Fax: 5-0440 Member Name: Member #:	<input type="checkbox"/> <b>Chartwells/ASU West</b> Vendor Code:  ASUWFOODS Ph: 3-3663 Fax: 3-7777
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Location of Event:	Event Date:	
Business (Public) Purpose (Please explain the public purpose. If only ASU employed personnel are present at the meal, clearly justify why this expenditure is appropriate. Attach agenda/program when available):		
Account:	PO # (if applicable):	Total Amount:

List of Attendees (Attach additional sheet if necessary):

ASU Faculty, Staff or Students		
Name	Department	Title
1.		
2.		
3.		
4.		
5.		
Other Attendees		
Name	Affiliation	Title
1.		
2.		
3.		
4.		
5.		

If a large group is present at an event and an attendee list is not available, state the approximate count of attendees and ASU department or affiliation.

**No reimbursement for alcoholic purchases is allowed on University accounts.**

**I certify that no reimbursement for alcoholic purchases is being sought.**

Requester's Name	Phone No.	Signature	Date
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**Required Approvals**

Direct Inquiries To:	Signature	Date
Authorized Account Signer Name (Print)	Signature	Date
Dean or Director (If Required) Name (Print)	Signature	Date
Other (If Required) Name (Print)	Signature	Date

## **Purpose**

The ASU Substitute W-9 and Vendor Authorization form is intended to serve multiple purposes:

- To provide standard back up documentation for VE documents requesting new vendor set up in Advantage or changes to vendor information already in the vendor tables.
- To secure accurate name and address information for persons and entities to whom ASU will be making payments.
- To secure accurate sales tax information from vendors charging sales tax
- To secure accurate vendor classification information for Federal procurement reporting purposes
- To secure an accurate taxpayer identification number for Federal tax reporting purposes
- To identify entities exempt from Form 1099 reporting requirements

## **Background**

- Prior to the implementation of the Sub W-9, there was no consistency in back up documentation requirements for VE documents. This lack of consistency caused confusion in the departments and resulted in poor audit quality documentation centrally.
- Vendor tables include multiple set-ups for the same person or company and it is desirable to remove those obsolete entries and use only vendors whose name and address information are correct and current.
- Inaccurate sales tax information causes delays in processing payments to all vendors because the manual entries and overrides that Accounts Payable must do to get the correct amount of sales tax paid slows down the whole operation.
- ASU must comply with Federal procurement guidelines which require the collection of certain vendor description information.
- ASU must comply with Federal tax rules which require back up withholding on payments to individuals or entities who do not supply taxpayer identification numbers.
- ASU must comply with Federal tax rules regarding non-resident alien taxation.
- ASU must comply with Federal tax rules regarding reportable payments made in the course of conducting a trade or business.

## **Instructions**

### **Foreign Persons**

The ASU Sub W-9 applies only to persons who are US residents for tax purposes. Nonresidents must complete IRS Form W-8BEN.

### **Header Section**

Taxpayer Identification Number (TIN), type of TIN entity and Legal Name must be complete for all vendors. Legal Name is that which is used for income tax reporting purposes by the vendor.

### **Sales Tax Section**

The sales tax “Yes or No” question must be answered for all vendors. If the answer is “Yes”, the rest of the sales tax section must be completed.

### **Legal Mailing Address**

This address should match the address associated with the TIN the vendor is using for income tax reporting purposes.

### **Remit To Address**

Check the box if the address where payments are to be made is the same as the Legal Mailing Address. If the payment address is different, complete this section as indicated.

### **Entity Type**

Check one box. The only time two boxes may be checked is if an individual is also a State of Arizona Employee.

### **Certification**

To establish the vendor is a US person or resident alien for tax purposes, the Sub W-9 form must be signed. A faxed copy of Sub W-9 may be used for vendor set up purposes, but departments are responsible for obtaining and maintaining originals for audit purposes.

RETURN TO ASU	<b>ARIZONA STATE UNIVERSITY</b> SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM	<b>DO NOT SEND TO IRS</b>
<p>Foreign persons who are non-residents for US Tax purposes do not complete the ASU Substitute W-9 form. Instead, complete IRS Form W-8 BEN available at <a href="http://www.irs.gov/pub/irs-pdf/fw8ben.pdf">http://www.irs.gov/pub/irs-pdf/fw8ben.pdf</a></p>		
<b>► Taxpayer Identification Number (TIN)</b>		<input type="checkbox"/> Employer ID Number (EIN) <input type="checkbox"/> Social Security Number (SSN)
<b>► LEGAL NAME:</b> <small>(must match TIN above)</small>		
Are you doing business in Arizona for purposes of sales/use tax collection and remittance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" please provide Arizona License # _____ and sales/use tax rate charged _____ % DUNS# _____		
<b>► LEGAL MAILING ADDRESS:</b>	<small>(Where tax information and general correspondence is to be sent)</small>	
<b>DBA/Branch/Location:</b>		
<b>ADDRESS:</b>		
<b>ADDRESS LINE 2:</b>		
<b>CITY:</b>	<b>ST:</b>	<b>ZIP:</b>
<b>► REMIT TO ADDRESS:</b>	<input type="checkbox"/> Same as Legal Mailing Address	
<b>DBA/Branch/Location:</b>		
<b>ADDRESS:</b>		
<b>ADDRESS LINE 2:</b>		
<b>CITY:</b>	<b>ST:</b>	<b>ZIP:</b>
<b>► ENTITY TYPE</b>		
<input type="checkbox"/> Individual (not a business)	<input type="checkbox"/> Sole proprietor (individually owned business) or sole proprietor organized as LLC or PLLC	<input type="checkbox"/> Corporation (NOT providing health care, medical or legal services)
<input type="checkbox"/> The US or any of its political subdivisions or instrumentalities	<input type="checkbox"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities	<input type="checkbox"/> Tax-exempt organizations under IRC §501
		<input type="checkbox"/> Corporation (providing health care, medical or legal services)
		<input type="checkbox"/> An international organization or any of its agencies or instrumentalities
		<input type="checkbox"/> Partnership, LLP or partnership organized as LLC or PLLC
		<input type="checkbox"/> State of Arizona Employee
<b>► CERTIFICATION</b>		
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),		
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 I am no longer subject to backup withholding,		
3. I am a U.S. person (including a resident alien).		
Certification instructions: You must cross out item 2 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.		
<b>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding</b>		
Signature of U.S. Individual	Date:	

**NOTE: IF BOTH PAGES OF THIS FORM ARE NOT COMPLETED THE FORM WILL BE RETURNED TO YOU.** Arizona State University (ASU) is fulfilling a mandate associated with state agencies increasing procurements from Arizona Small and Diverse Businesses.

RETURN TO ASU	<b>ARIZONA STATE UNIVERSITY</b> SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM		DO NOT SEND TO IRS
▶ Legal Name:		TIN:	
<b>SECTION 1 - FEDERAL INFORMATION - <i>REQUIRED</i></b>			
<b>What is the <u>Federal</u> classification type of your business?</b> - See definitions on link below. (S.B.A. Small Business definition FAR 19.001 and size standards FAR 19.102) <a href="http://www.sba.gov/size">http://www.sba.gov/size</a>			
<b>LARGE Business?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>SMALL Business?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Please check <u>all that apply</u> to your business for Federal Supplier Type:</b>			
Service Disabled Veteran Owned (VD) <input type="checkbox"/>	Small Disadvantaged (SD) <input type="checkbox"/>	Women Owned (WO) <input type="checkbox"/>	
Veteran Owned (VO) <input type="checkbox"/>	Minority Institution (MI) <input type="checkbox"/>	HUB Zone (HZ) <input type="checkbox"/>	
<b>SECTION 2 - STATE OF ARIZONA SMALL BUSINESS INFORMATION - <i>REQUIRED</i></b>			
<b>Are you self-certified according to this State of Arizona definition?</b> <i>"100 full-time employees or less <u>OR</u> \$4 million in volume or less in the last fiscal year"</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Per FAR 52.219-1 and under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUB Zone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall be punished by imposition of fine, imprisonment, or both; be subject to administrative remedies, including suspension and debarment; and be ineligible for participation in programs conducted under the authority of the Act.			
Print Name:			
Signature:			
PHONE:		FAX:	
VENDOR – LIST PRODUCT or SERVICE PROVIDED			
<b>IF BUYER NAME IS LISTED PLEASE RETURN TO BUYER</b>	Buyer:	Phone:	Fax:

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**ARIZONA STATE UNIVERSITY (ASU)**  
**Departmental Professional Services Order**

This form serves as an order for outside independent contractor services, and upon completion of services, a receiving report. This form can only be used when the total amount paid for services is \$10,000 or less. ALL THREE CERTIFICATION STATEMENTS MUST BE SIGNED BEFORE PAYMENT WILL BE MADE. If the service provider is currently a benefits eligible ASU employee, he or she must be paid for services through the supplemental payroll process, unless there are extenuating circumstances and the procurement is approved by the Executive Director of Purchasing.

**Section 1: ORDER FOR SERVICES.** (ASU departments complete and give a copy to service provider before work begins.)

Name of Service Provider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ (street) \_\_\_\_\_ (city, state) \_\_\_\_\_ (zip+4) \_\_\_\_\_ (country)

Social Security or Taxpayer Identification Number: \_\_\_\_\_ (for nonresident aliens, if taxpayer identification number has been applied for but not received, indicate "ITIN applied for" and date of application)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Service to be provided and public purpose justification: \_\_\_\_\_

Date(s) of service: \_\_\_\_\_ # of days worked: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Location(s) where services will be provided \_\_\_\_\_

**Section 2: EXPENSE SUMMARY.** (Total meal and lodging expenses should not exceed allowed rates for Maricopa County. Charges in excess of those allowed under ASU Travel policies will require a written justification and dean, provost, vice provost, or vice presidential approval. See Financial Services Travel Page <http://www.asu.edu/fs/travel/traveln.html> for the current lodging and per diem rates.)

Cost of transportation (Attach passenger receipt of airline ticket or travel agency invoice.) \$ \_\_\_\_\_

Lodging (Attach original receipt.) \$ \_\_\_\_\_

Meals (Original receipts required if total meals and incidental expenses exceed \$54.00 per day.)

Date	Breakfast	Lunch	Dinner	Total	
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Other (Specify, e.g., airport shuttle. Attach original receipts for any item in excess of \$25.) \$ \_\_\_\_\_

TOTAL EXPENSE REIMBURSEMENT \$ \_\_\_\_\_

**AGENCY/ORG to be charged** \_\_\_\_\_

**Section 3: SIGNATURE OR ACKNOWLEDGEMENT OF SERVICE PROVIDER.** (If the service provider is currently employed by ASU in any manner, the service provider must complete and file a Disclosure of Substantial Interest form with the ASU Office of General Counsel. If the service provider is related to any ASU employee, the service provider should advise the ASU employee who is a relative to file a Disclosure of Substantial Interest form. The Disclosure of Substantial Interest form is available on-line at <<http://www.asu.edu/counsel/faq/disclosure.doc>>.

*I certify that the above information is complete and accurate. Any expenses paid to me or on my behalf by ASU have been excluded from the reimbursement claim above. I certify that I am not currently a benefits eligible ASU employee. For fees to be charged against federal funds, I certify that I am not employed by the federal government and the amount charged to ASU does not exceed my normal charge for the type of services provided. I also hereby acknowledge that as an independent contractor I am responsible for federal self-employment taxes and all other federal and state taxes associated with such an arrangement.*

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Service Provider

**Section 4: AUTHORIZATION OF USE OF FUNDS AND CERTIFICATION OF USE.**

(To be completed by project director for sponsored accounts and by org manager or authorized signer for non-sponsored accounts.)

*I hereby authorize the expenditure of funds and certify that the following conditions are met:*

1. Outside services are essential because:

\_\_\_\_\_  
\_\_\_\_\_

2. The service provider was selected using the following objective criteria:

\_\_\_\_\_  
\_\_\_\_\_

3. The compensation agreed to be paid in accordance with this request is justified, and was based upon:

- \_\_\_\_\_ rate paid to service provider in his/her home institution;
- \_\_\_\_\_ rate customarily paid to service provider by federal and/or nonfederal contracting agencies;
- \_\_\_\_\_ other, please

*In accordance with university policy and ARS Section 38-501 to 38-511 (conflict of interest), I certify that neither I, nor any relative of mine, will benefit financially from this outside services order.*

\_\_\_\_\_  
Signature of Org Manager or Authorized Signer  
(for sponsored accounts this must be the project director) Date: \_\_\_\_\_

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**Section 5: CERTIFICATION OF COMPLETION OF SERVICES.**

*I certify that the named service provider has completed the services described on page 1 of this Departmental Professional Services Order form, or if I will be presenting the check to the service provider, that services will have been completed prior to presentation.*

\_\_\_\_\_  
Signature and Title of ASU Official Acknowledging Completion of Services Date: \_\_\_\_\_