



A member of the Texas State University System

Submit to: FI Master Data Center JCK 560  
 Phone : (512) 245-9284  
 Fax: (512) 245-8990

FORM #FS-01

**Vendor Maintenance Form / W9**

SAP Vendor Number (Office Use Only)

**Instructions:** Vendor must complete Sections A, B,C or D, and F and sign Section C or D and F. Vendor named herein agrees to indemnify & hold Texas State harmless for delays in payment due to disasters or other emergencies.

**SECTION A – VENDOR GENERAL INFORMATION: (Select one box of each line)**

Type of Purchase	Materials	Services	Both
Type of Vendor	Corporation	Sole Proprietor	Partnership
	Medical/Legal	State Agency	Federal Agency (Staff, Faculty or Employees use form FS-02)
Foreign Vendors Only:	Non-Resident Alien	Home Country	ITIN

**SECTION B – VENDOR DETAILS:**

Vendor Name \_\_\_\_\_

Business Name (if different) \_\_\_\_\_

Mailing Address: (For Purchase Orders or correspondence)

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Remit to Address: (If different)

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_ Email: \_\_\_\_\_

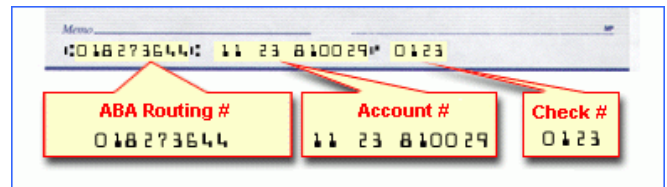
**SECTION C – PAYMENT ACCOUNT INFORMATION:**

Bank Name \_\_\_\_\_

Account Type      Checking      Savings

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_



I hereby authorize Texas State University and the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Texas State University and the Comptroller shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Texas State University's and Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

**X** \_\_\_\_\_  
 Authorized Signature      Printed name      Date

**SECTION D – ELECTRONIC PAYMENT EXEMPTION:**

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

**X** \_\_\_\_\_  
 Authorized Signature      Printed name      Date

**SECTION E – HUB/MBE/WBE Outreach Information:**

State Certified HUB Vendor

TBPC Cert No

HUB Type

Federal MBE/WBE

MBE/WBE Category

**SECTION F – SUBSTITUTE W-9 (To be completed by U.S. Persons only)**

NOTE: Non-Resident Aliens must file additional forms - Contact Texas State University Tax Specialist - (512)245-8708

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 (Social Security Number or Federal Employer Identification:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**X**

Authorized Signature

Printed name

Date

**SECTION G - REQUESTING DEPARTMENT TO COMPLETE:**

Requestor Name

Requestor Phone

Department

Email

Action:

New Vendor

Change

Delete

If change or delete, SAP Vendor Number

Purpose

Issue RFQ

Create Requisition

Contract / Payment Request

NPO

**SECTION H - ACCOUNTING OFFICE USE ONLY:**

Created by:

Date

1099 Reportable (Y or N)