



New Vendor Packet

Return these forms to VendorInvoiceEntry@cstx.gov

New Vendor Packet Instructions

Please complete this New Vendor Packet, which is required for vendors to be added to the City's accounting system for payment of invoices. **Be sure to sign and date where applicable.**

The forms to complete are:

- ⇒ Vendor Information Form
- ⇒ W-9
- ⇒ EFT Form *(if Direct Deposit is desired)*
- ⇒ Conflict of Interest Questionnaire *(if applicable)*

You may either scan and email the completed forms to VendorInvoiceEntry@cstx.gov or mail your forms to:

City of College Station
Accounting Division
PO Box 9973
College Station, TX 77842

College Station Payment Policies

All invoices to be e-mailed to: VendorInvoiceEntry@cstx.gov

City of College Station standard terms of Net 30 will be default from the receipt of invoice. No exceptions unless discount noted.

Purchasing Policies/Process

The City of College Station operates in a hybrid centralized-decentralized fashion. Most purchase orders are sent directly to vendors from various departments. The bidding process is centralized for purchases greater than \$50,000.

Purchases **under** \$3,000 do not require a purchase order, but they do require a Request for Check to be issued. Contact the department for more information.

Any order **over** \$3,000 requires a purchase order issued by purchasing. All invoices should include a purchase order number.

Purchases greater than \$50,000 are always handled by the purchasing department and follow competitive bidding requirements. You can register online as a vendor to receive bids at www.cstx.gov

It is the vendor's responsibility to maintain current banking and mailing information. Any update to records must be e-mailed to VendorInvoiceEntry@cstx.gov



New Vendor Packet

VENDOR INFORMATION

Attachments

W-9 EFT Form CIQ Form (if necessary)

Name/Business Name: _____

DBA: _____

Type of Business: Individual C Corporation Trust/Estate
Partnership S Corporation LLC

Federal ID or SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone: _____ Email: _____

Website: _____

General Description of Goods or Services Provided: _____

Primary Contact at City (**Required**): _____ City Department: _____

PAYMENT TERMS

Discount: _____ % Days to Discount: _____ Days to Net: _____

REMITTANCE INFORMATION

Same as above

Name/Business Name: _____

DBA: _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

CONTACT INFORMATION

Contact Person 1 (**Required**)

Name: _____

Title: _____

Phone: _____

Email: _____

Contact Person 2

Name: _____

Title: _____

Phone: _____

Email: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

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 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Email form to
vendorinvoiceentry@cstx.gov



Electronic Funds Transfer (EFT) Authorization Form

VENDOR INFORMATION

Name/Business Name: _____
Tax ID # _____
Contact Name: _____
Phone: _____ Fax: _____
Email: _____
Address: _____
City: _____ State: _____ ZIP: _____ Country: _____

BANK INFORMATION

Bank Name: _____
Bank Phone: _____
Bank Address: _____
City: _____ State: _____ ZIP: _____ Country: _____

ABA/Routing # _____ Account # _____
Checking
Savings

PLEASE ENCLOSE A VOIDED CHECK FOR VERIFICATION

ACCOUNT AUTHORIZATION

I authorize the City of College Station to deposit invoice payments directly into the account referenced above via an electronic funds transfer (EFT).

I authorize the City of College Station, if necessary, to make *Debit Entries & Adjustments* for any amount electronically deposited in error.

It is my responsibility to notify the *City of College Station Accounting Department at 979-764-3563* immediately if there are any changes in the account information or if I believe there is a discrepancy between the amount deposited directly into the account and the amount due from an invoice.

Printed Name

Signature

Date