

**Supplier Authorization/Change Form**

**This form to be completed by University Employees Only**

Use this form for U of MN suppliers that do not qualify for single payment. A completed and signed form W-9 or W-8 BEN Series, must accompany this completed form for all new supplier set-ups and/or changes to a supplier's name or tax ID#. Attach invoice or supplier notification of changes when available.

**New**       **Change**

**Date:**

<b>Supplier Name:</b>		<b>Supplier #:</b>	
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**MUST ATTACH ONE OR MORE OF THE FOLLOWING FORMS AS REQUIRED:**

<p><b>FORM W-9</b> <i>Required for all U.S. Citizen/Permanent Resident/Resident Alien for tax purposes, including the following:</i></p> <ul style="list-style-type: none"> <li>• Corporation(Subchapter C or S)</li> <li>• Partnership</li> <li>• Limited Liability Company</li> <li>• Government Entity</li> <li>• Exempt from backup withholding</li> <li>• Non Profit/501(c) Entity</li> <li>• Student</li> <li>• Employee</li> <li>• Individual</li> </ul>	<p><b>FORM UM1650</b> <i>Independent Contractor Authorization Form, is required for the following: (Check one)</i></p> <p><input type="checkbox"/> Individual/Sole Proprietor/ Single Member LLC      <input type="checkbox"/> Employee      <input type="checkbox"/> Student</p>
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<p><b>FORM W-8 BEN</b> <i>Required when payment is for services performed (by a foreign individual) in the U.S., for royalties, interests, dividends, rent on property located in the U.S., or scholarships paid to non-U of M students for study in the U.S. (Check one)</i></p> <p><input type="checkbox"/> Foreign Nonresident Individual      <input type="checkbox"/> U.S. Agent of Foreign Person</p>	<p><b>FORM W-8 BEN-E</b> <i>Required when payment is for services performed (by a foreign entity) in the U.S., for royalties, or for rent on property located in the U.S. (Check one)</i></p> <p><input type="checkbox"/> Foreign Entity (other than individual)      <input type="checkbox"/> U.S. Agent of Foreign Entity</p>
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<b>Type of Purchase/Payment</b>	<b>Services</b>
<input type="checkbox"/> Goods <input type="checkbox"/> Royalty	<input type="checkbox"/> Auditor <input type="checkbox"/> Attorney <input type="checkbox"/> Consultant <input type="checkbox"/> Medical Services <input type="checkbox"/> Performer <input type="checkbox"/> Speaker/Lecturer <input type="checkbox"/> Other Services

**Description of Services/Reason for Payment (REQUIRED)**

<b>Indicate where Services were provided</b>	<b>City</b>		<b>State</b>	
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<b>Discount Payment Terms?</b> (e.g. 2/10, Net 30, etc)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, specify:
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**Special Instructions/Comments**

<b>Purchase Order</b>	<input type="checkbox"/> Send 1099 to this address		
Address			
City	State	Zip	
Foreign Province	Country		
Contact Name	E-mail		
Phone	Fax		

<b>PO Dispatch</b>	Email		
<b>Remit To</b>	<input type="checkbox"/> Remit to address same as PO address		<input type="checkbox"/> Send 1099 to this address
Address			
City	State	Zip	
Foreign Province	Country		
Contact Name	E-mail		
Phone	Fax		

**University Department Contact (REQUIRED) - Email notification of set up will be sent to this contact when request is completed.**

Name	Phone	
Email	Fax	
Department		

**EMAIL FORM TO DISBURSEMENT SERVICES AT DISBSVCS@UMN.EDU or FAX TO 612-624-9562**