



Supplier Verification Form: For New Suppliers Only

Section 1: To be completed by the Supplier

See instructions:

New Supplier Information (see instructions for other changes)

Business Name _____

DUNS # (if applicable) _____

Address of Business _____

Address of Business, cont'd _____

County of Business _____

Authorized Representative: First Name _____ Last Name _____

Ph# _____ Email _____ Fax# _____

Remittance Address _____

Remittance Address, cont'd _____

Choose your preferred payment method:

Accounts Receivable Email Address: _____

If payment method is not chosen, it will default to check payment with payment terms of Net 60 days. Link is valid for 30 days

- Virtual Card * Payment Terms are **Immediate** upon final approval of invoice.
 ACH/Direct Deposit Payment Terms are **Net 45 days**
 Check Payment Terms are **Net 60 days**

*Virtual Card should only be chosen if supplier can accept credit card payments. Virtual card payment will come to supplier as a credit card payment.

A link to J.P. Morgan's Integrated Payables platform will be sent to your Accounts Receivable email where you will set up a login to choose your payment method within their system.

Type of Organization - Check all applicable selections:

- U.S. Person, as defined by the IRS: If checked, complete and include IRS Form W-9.
 Foreign (non-U.S.) business or individual: If checked, complete and include an original IRS W-8 Series

Size & Demographics of U.S. Business

- U.S. Large Business
 U.S. Small Business - Check all applicable selections:
 *HUB Zone Small Business (SBA Certified) *Institute for Entrepreneurial Excellence (IEE) Member
 *LGBT Certified *Minority-Owned *Qualified Non-Profit for the Blind or Severely Handicapped
 *Service-Disabled Veteran-Owned *Small Disadvantaged Business (SBA Certified)
 *Veteran-Owned *Woman-Owned

Minority-Owned U.S. Business Enterprise Information - Check all applicable selections:

- *African American *Native American *Aleuts, Alaskan American *Asian Indian American
 *Asian Pacific American *Hispanic American *MBE/WBE Certified: If checked, include a copy of the certificate.

Authorization

By signing below, the supplier hereby certifies and represents that the information provided is correct, current, and complete. The authorized supplier representative also certifies that he or she will notify the University of Pittsburgh of any changes to said information. The supplier further agrees to accept purchase orders based upon the University of Pittsburgh's general _____ and to provide _____ to the University as needed.

Name of Authorized Representative _____

Title of Authorized Representative _____

Signature of Authorized Representative _____

Date Signed _____

*FAR 52-219 (e) (4) Misrepresentation of business status as a small, small disadvantaged, small woman-owned, small HUB Zone, small veteran-owned, service disabled small veteran-owned concern for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the requesting Contractor's subcontracting plan, without remedy, can result in severe penalties. Under 15 U.S.C.645 (d), any person who misrepresents a firm's status in these same categories in order to obtain a contract to be awarded under the preference programs established pursuant to the Small Business Act or any other provision of Federal law, 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.



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Section 2: To be completed by the University of Pittsburgh Departmental Business Administrator

See instructions:

New Supplier Information

- This is a new supplier.
- The supplier is a student currently enrolled at the University of Pittsburgh.
- The supplier is a current University of Pittsburgh employee or was employed by the University within the last 12 months. The supplier will provide a: product service software, server, database, or cloud application other

Specify "other" if applicable: _____

Purchasing Information

Explain why this purchase cannot be made from a University-wide _____, and describe exactly what you are purchasing. Include all components of the purchase (e.g. licensing, installation, etc.)

Departmental Contact Information

Name of Requesting Department _____

Requestor: First Name _____ Last Name _____

Ph# _____ Email _____ Fax# _____

Authorization

To the best of my knowledge, purchases from this supplier comply with the University Policy _____ on Conflict of Interest and Procurement Relationships; and with University Policy _____ on Required Use of Contracted Suppliers.

Name of University Business Administrator _____

Signature of University Business Manager _____

Date of Request _____