Supplier Verification Form: For New Suppliers Only

Section 1: To be completed by the Supplier
See instructions: www.cfo.pitt.edu/pexpress/documents/SVFInstructions.pdf

New Supplier Information (see instructions ↑ for other changes)

Supplier Name _____

DUNS # (optional) _____

Purchase Order (send-to) Address _____

Purchase Order (send-to) Address, cont'd _____

Sales Contact: First Name _____ Last Name _____

Sales Contact: Ph# _____ Email _____ Fax# _____

Remit-To Address _____

Remit-To Address cont'd_____

➡ **Reminder: Attach an IRS form W-9 (for a U.S. supplier) or IRS W-8 Series (for a non-U.S. supplier)**

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:*

    ☐ *Woman-Owned   ☐ *Veteran-Owned   ☐ *Service-Disabled Veteran-Owned

    ☐ *Small Disadvantaged Business (SBA Certified)   ☐ *HUB Zone Small Business (SBA Certified)

    ☐ *Qualified Non-Profit for the Blind or Severely Handicapped ☐ *Institute for Entrepreneurial Excellence (IEE) Member

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 terms and conditions and to provide export control information to the University as needed.

Name of Authorized Supplier Representative _____

Title of Authorized Supplier Representative _____

Signature of Authorized Supplier 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.

Supplier Verification Form: For New Suppliers Only

New Supplier Information (see instructions ↑ for other changes)

☐ 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 contracted supplier, and describe exactly what you are purchasing. Include all components of the purchase (e.g. licensing, installation, etc.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Payment Information
The supplier expects *payment via   ☐ U.S. Dollar Check   ☐ Wire   ☐ Foreign Currency
*If your contract has payment terms other than net 30, send an email to PantherExpress Customer Service.

➡ **Reminder: Attach an IRS form W-9 (for a U.S. supplier) or IRS W-8 Series (for a non-U.S. supplier)**

Departmental Contact Information
Name of Requesting Department_____
Requestor: First Name _____ Last Name _____
Requestor: Ph#_____ Email _____ Fax# _____

Authorization
To the best of my knowledge, purchases from this supplier comply with the University Policy 05-02-02 on Conflict of Interest and Procurement Relationships; and with University Policy 05-02-15 on Required Use of Contracted Suppliers.

Name of University Business Administrator _____
Signature of University Business Manager _____
Date of Request _____