 <p>UNIVERSITY SYSTEM OF GEORGIA Shared Services Center</p>	<h2 style="margin: 0;">Supplier Information Form</h2> <p style="margin: 0;">If you are a student or employee of any USG institution, please contact your institution's HR department for assistance.</p> <p style="margin: 0;">Only US banking information can be included on this form for payment.</p>	<p style="color: red; font-weight: bold; margin: 0;">Do Not Send This Form to IRS</p>
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Instructions:

1. Complete pages 1-3 of this form electronically. If you prefer to complete the form by hand, please print legibly in **black ink** and **clearly distinguish numbers**.
Note: Omissions of requested information on this form may result in delayed registration and/or payment.
2. Print and sign form
3. Submit the form to your institution contact.

Email Submissions are not accepted.

Section 1 – Requesting Institution Information			
USG Institution to which you are providing goods or services?		USG Contact Person and Phone Number	

Section 2 – Supplier Information
Business/Individual Contact Information <i>*Required</i>


Legal Name: (Name used on Tax Filing & W9) <i>*Required</i>			
Contact Name: <i>*Required</i>			
Phone Number: <i>*Required</i>			
Website URL:		Email:	

Purchasing Order (Invoicing) Address:			
Address: (Street Name/No)			
City:		State:	
		Zip Code:	

Payment (Remit) Address:			
Address: (Street Name/No)			
City:		State:	
		Zip Code:	

Section 3 – Supplier Business Type Information <i>*Required *</i>
<i>*All questions must be answered*</i>

1. Are you primarily a supplier of services or goods?	<input type="checkbox"/> Goods	<input type="checkbox"/> Services - <i>*A selection for Question 2 is required</i>	
2. Do you expect to receive payment for any of the following from USG? <i>Note: If you do not see your service listed, select non-employee of USG (independent contractor). * Required *</i>			
<input type="checkbox"/> My company is being paid for services as a non-employee of USG (independent contractor).	<input type="checkbox"/> My company is being paid for fellowship training stipend, or research participant.		
<input type="checkbox"/> My company is being paid for registration.	<input type="checkbox"/> My company is being paid for honorarium.		
<input type="checkbox"/> My company is being paid for repairs/maintenance.	<input type="checkbox"/> My company is being paid for short course instructor-professional education.		
<input type="checkbox"/> My company is being paid for expense reimbursement as a non-employee.	<input type="checkbox"/> My company is being paid for awards/prizes.		
<input type="checkbox"/> My company is being paid for legal services.	<input type="checkbox"/> My company is being paid for rent (real estate or machinery).		
<input type="checkbox"/> My company is being paid for public speaking or entertainment.	<input type="checkbox"/> My company is being paid for royalties.		
<input type="checkbox"/> My company is being paid for medical or healthcare services.			

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• Additional Reporting Elements

<p>Sm Disadvantaged Business</p> <p> <input type="checkbox"/> 8(a) Contract Award <input type="checkbox"/> 8(a) with HUBZone Priority SDB Set-Aside <input type="checkbox"/> SDB Price Evaluation Analyst <input type="checkbox"/> SDB Participating Program Not Applicable </p>
<p>Other Preference Programs</p> <p> <input type="checkbox"/> Buy Indian <input type="checkbox"/> Directed to JWOD Nonprofit <input type="checkbox"/> No Preference/Not Listed <input type="checkbox"/> Small Business Set-Aside <input type="checkbox"/> Very Small Business Set-Aside </p>
<p>Number of Employees</p> <p> <input type="checkbox"/> 10 or less <input type="checkbox"/> 11-100 <input type="checkbox"/> 101-300 <input type="checkbox"/> 301-1000 <input type="checkbox"/> 1001 or more </p>
<p>Veteran Owned Business</p> <p> <input type="checkbox"/> Not Veteran Owned Sm Business <input type="checkbox"/> Service Disabled VOSB <input type="checkbox"/> Veteran Owned Business </p>
<p>Ethnic Minority (51% or More)</p> <p> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander </p>
<p> <input type="checkbox"/> Small Business* <input type="checkbox"/> Georgia Resident Business** <input type="checkbox"/> Women Owned Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Not Applicable </p> <p style="font-size: small;"> * A small business is defined as a business that is independently owned and operated. In addition, such a business must either have 300 less employees or \$30 million or less in gross receipts per year ** Georgia resident business is defined as any business that regularly maintains a place from which businesses is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure. </p>

Section 4 – Updates to Existing Supplier

*If you have recently had an address change, please list old and new

Old/Prior Address Information				
Purchase Order (Invoicing) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:
Payment (Remit) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:
New Address Information				
Purchase Order (Invoicing) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:
Payment (Remit) Address				
Address: <small>(Street Name/No)</small>				
City:		Zip Code:		State:

