VEND OR MAS TER FORM
eS eeDPV only
PLEASE TY PE OR PRINT FORM

SLU Contact : _____

Ve ndor Inf orm at ion Required for Payme nt
REMIT TO:

Vendor name _____

DBA _____

Street/PO Box _____

City, State, Zip _____

Contact Name _____

Does this v endor accept American Express? [ ] Yes [ ] No
Is this company listed as a Certified Minority Vendor? [ ] Yes [ ] No

If Yes, please complete the attached Certification of Status Form

---

PAYMENTS TO NON - SLU PERSONS (pla ce an X on the line to designate t ype)

☐ Attorney / Legal Fees   ☐ Prize or Award
☐ Consulting/Other Services:___Precepting___   ☐ Professional Entertainment
☐ Due s/ Subs cri pt ions   ☐ Refund
☐ Expense Reimbursement   ☐ Rent
☐ Honorarium   ☐ Services (type):_____

☐ Licenses (Dr., Attorney, Car….)   ☐ Speaker/Lecture Fee
☐ Local Seminar/Conference/Registration Fee
☐ Medical/Healthcare Services
☐ Patient Study   Non - Resident of US (Submit W8- BEN Form)
☐ Pre- Pay Travel   ☐ Expense Reimbursement
☐ Pre- move   ☐ Personal Se rv ice s/H onor aria

SLU DEPAR TMENT INF ORM ATION

YOUR N AME:_____ PHONE:_____ EMAIL:_____

VENDOR B ANNER I D NUMBER:_____

Comple te form and return to eSeeP ay@li st.slu .edu or fax 314-9 77-2 298

Z À] Á òIîììô

Form W-9

(Rev. November 2017)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

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

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

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐