

Supplier Direct Pay Form

Attention:

- Non-Requisition orders placed by a department should be paid by PCard.
- Direct Pay requests should only be submitted if the vendor will not accept the Visa PCard as the method of payment.
- Direct Pay requests cannot be used to process travel, on-campus interview reimbursement, independent contractors, guest lecturers, honorariums, special consultants, or any payment supported by a contract.

(See Procurement Matrix for More Detail)

Mail Out:	Direct Deposit:	Supplier direct deposit authorization form must be on file with Accounts Payable.			Pick-Up:	FINANCIAL SERVICES USE ONLY Vendor #:
Business Unit:	STCMP	STASI	STABS	STFDN	STUSU	

VENDOR NAME	REMIT TO ADDRESS	CONFIRMED
Back-up for payment must be attached. If supplier has never been paid through Accounts Payable, please have supplier fill out and sign a vendor data record (204 form).		

ACCOUNT	FUND	DEPT	PROGRAM	PROJECT/CLASS	AMOUNT	CONFIRMED
TOTAL:						

REMARKS AND DETAILS:

REQUESTOR INFORMATION		DATE	CONFIRMED
Requester Name:	Signature:		
Dept. Chair/Supervisor Name: (Only if required by Dean/AVP)	Signature:		

As a signatory, you are certifying that the above is a true statement of expenses and payment is approved. (Payments of \$10,000 or more require approval from the appropriate Vice President).

AUTHORIZATION(S)		DATE	CONFIRMED
Dean/AVP/Director (under \$10,000)	Signature:		
VP Name: (\$10,000 & above)	Signature:		

Supplier Direct Pay Guidelines

A Direct Pay is a process for paying suppliers for goods and/or services that does not require going through the formal procurement process. A Direct Pay should be used for allowable, low-value purchases when payment via PCard is not an option. The formal procurement process requires a requisition, purchase order, and encumbrance of funds.

A Direct Pay Form may not be used for travel, On-campus interview reimbursements, independent contractors, guest lecturers, honorariums, special consultants, or any payments supported by a contract.

Supplier Name	Enter the name of Supplier that is indicated on the attached invoice.
Remit To Address	Enter the address to which the check is to be mailed.
Chart String	Enter the appropriate Account, Fund, Department, Program, and Project/Class codes for where the expense should be charged. An invoice payment can be split between multiple chart strings.
Amount	Enter the amount that should be charged to each identified chart string. The Total Amount should be the same as the total indicated on the attached invoice.
Requestor Information	Enter the name of the Requestor and obtain the Requestor signature. The Department Chair/Supervisor name and signature should be entered if this is required internally by the College or Division in order to obtain authorization from a Dean/AVP or VP. Financial Services does not require this signature for processing the Direct Pay request.
Authorization	Direct Pay requests under \$10,000 can be authorized by a Dean/AVP/Director/Equivalent level. Direct Pay requests of \$10,000 and over must be authorized by the appropriate Vice President. Direct Pay requests for Grants can be authorized by the PI. Direct Pay requests under \$10,000 for Trust Funds can be authorized by the Trustee identified on the Trust Agreement. Requests \$10,000 and over for Trust Funds must be authorized by the appropriate Vice President.

Payment Request Submission: All completed and authorized Supplier Direct Payment requests should be submitted to Financial Services-Accounts Payable, MSR 270.

Questions can be directed to Financial Services – Accounts Payable 667-3140.

State of California Vendor Data Record

Form 204 (CSU Stanislaus 07/10)

Required in lieu of IRS W-9 when doing business with the State of California

For Financial Services Use Only

Taxable Non-Taxable Use Tax

Attn: _____

Vendor: _____

BusUnit: _____

All Sections (2 through 7) Must Be Completed

Section 1	California State University, Stanislaus Financial Services – Accounts Payable One University Circle Turlock, California 95382 Fax: (209) 667-3076		Purpose: Information contained in this form will be used by state agencies to prepare information returns (Form 1099) and for withholding on payments to non-resident vendors. Prompt and accurate completion of this form will prevent delays while processing your payments. (See Privacy Statements on Page 2). Note: Federal, State, and local entities (including school districts) are not required to submit this form.	
Section 2 Name and Address	Vendor's Business Name:		Phone:	Fax:
	Sole Proprietor Owner's Full Name (Last, First, MI):		E-Mail:	
	Mailing Address (Street No. or PO Box No.):		Remit-to Address:	
	City, State and Zip Code:		Remit-to City, State and Zip Code:	
Section 3 Payee Entity Type Choose One Type Only	Federal Employer Identification Number (FEIN): [][]-[][][][][][][][][][][][][][][]			
	<input type="checkbox"/> Partnership/LLC <input type="checkbox"/> Corporation: (Select Type) <input type="checkbox"/> Medical <input type="checkbox"/> Legal <input type="checkbox"/> Exempt (Non-Profit) <input type="checkbox"/> All Other Corporations <input type="checkbox"/> Estate/Trust <hr/> Other Payee Entity: <input type="checkbox"/> Government <input type="checkbox"/> Employee <input type="checkbox"/> Student <hr/> Individual or Sole Proprietor – Social Security Number: [][][][]-[][][]-[][][][][][][][][][][][][][][] Note: Payment cannot be processed without a Taxpayer ID. Social Security Numbers are required for Individual/Sole Proprietor by authority of the revenue and tax Section 18646 (See Instructions)			
Section 4 Small Business DVBE Information	<input type="checkbox"/> Minority Owned/Managed Business <input type="checkbox"/> Women Owned/Managed Business	<input type="checkbox"/> CA Certified Small Business -OSBCR Certification Reference No.: <input type="checkbox"/> CA Certified Micro Business -OSBCR Certification Reference No.: <input type="checkbox"/> CA Certified Disabled Veteran -OSBCR Certification Reference No.:		
Section 5 Vendor Activity	Check the Box That Describes Your Primary Business <input type="checkbox"/> Equipment & Supplies <input type="checkbox"/> Services: Non-Medical <input type="checkbox"/> Services: Medical (06) <input type="checkbox"/> Attorney Fees (14) <input type="checkbox"/> Rent (01) <input type="checkbox"/> Other Income – Stipends (03) <input type="checkbox"/> Not Rep <input type="checkbox"/> Non-Employee Compensation (07) <input type="checkbox"/> Other -Specify:			
Section 6 Vendor Residency Status For Tax Purposes All Payments Made to the University are Subject to Federal and California State Tax Laws	Check All Boxes That Apply Federal Income Tax Withholding Status (Applies to Individuals Only): <input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a Permanent Resident Alien and I Have a Green Card <input type="checkbox"/> I am not a U.S. Citizen and I do not have a Permanent Resident Green Card (Note: All Foreign Citizens/Entities must complete a tax analysis before payments can be made.) <input type="checkbox"/> Tax Exempt by Tax Treaty <input type="checkbox"/> Country of Residence: <input type="checkbox"/> All Services Related to This Payment are Performed Outside of the United States <input type="checkbox"/> Federal Income Tax Withheld (04) Note: Prior to making payments to foreign citizens, United States tax laws require all employers to perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. (Please see Page 2)			
	California State Tax Withholding Status (Applies to All Vendors): <input type="checkbox"/> CA – Qualified to do business in CA or have a permanent place of business in CA. <input type="checkbox"/> CA Non-resident (See Page 2) – Payments to CA non-residents may be subject to state taxes. <input type="checkbox"/> A Waiver from CA state tax withholding is attached (From the CA Franchise Tax Board). <input type="checkbox"/> All services related to this payment are performed OUTSIDE of the State of California. <input type="checkbox"/> State Tax Withheld (STATE) (7%) Note: An estate is a resident if decedent was a California resident at time of death. A trust is resident if one or more trustees are California residents. Rules for assessing State taxes differ significantly from Federal tax rules. (Please see Page 2)			
Section 7 Certifying Signature	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.			
	Authorized Vendor Representative's Name:		Title:	
	Signature:	Date:	Phone:	

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

PRINT

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>								
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Complete E-mail, fax information, and remit-to address if different from mailing address.</p>								
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>								
6	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov						
For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov						
7	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>								