



PURCHASING DEPARTMENT

1002 Chestnut St | Jefferson City, MO 65102 | 573-681-5418 | Fax 573-681-5420
purchasing@lincolnu.edu

VENDOR REGISTRATION FORM

PLEASE ATTACH W-9

FOREIGN VENDORS SHOULD COMPLETE THIS FORM AND ATTACH THE APPROPRIATE W-8

LEGAL NAME:
BUSINESS/DBA NAME: (if different from above)
BUSINESS ADDRESS:
TELEPHONE NUMBER: INTERNET ADDRESS:
FAX NUMBER: EMAIL ADDRESS:
COMPANY TIN /EIN: SSN IF INDIVIDUAL OR SOLE PROPRIETOR:
DUNS:

ORDER PLACEMENT INFORMATION (if different from above):

ORDER ADDRESS:
ORDER EMAIL ADDRESS:

REMIT TO ADDRESS (if different from above):

REMIT TO ADDRESS:
REMITTANCE EMAIL ADDRESS:

FOR ACH/DIRECT DEPOSIT, PLEASE COMPLETE THE VENDOR AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT FORM.

BUSINESS TYPE - Please check Business Type - Required

- () C CORPORATION (CP)
() S CORPORATION (SC)
() PARTNERSHIP (PT)
() TRUST / ESTATE (TE)
() LLC-LIMITED COMPANY (LL) - () Partnership () C Corporation () S Corporation
() INDIVIDUAL (IN) - Please complete the attached Independent Contractor Determination Form on Page 2
() SOLE PROPRIETOR (SP) - Please complete the attached Independent Contractor Determination Form on Page 2
() FOREIGN GOVERNMENT (FG)
() FOREIGN SUPPLIER (FS)
() FOREIGN PERFORMED CONTRACT (FP)
() NOT FOR PROFIT ORGANIZATION (NP)
() FEDERAL OR STATE GOVERNMENT AGENCY (GV)

OWNERSHIP AND / OR SBA CATEGORY - Required

- () SMALL BUSINESS (SM)
() SMALL DISADVANTAGED BUSINESS* (SD)
() WOMEN OWNED SMALL DISADVANTAGED* (WS)
() VETERAN OWNED SMALL BUSINESS* (VS)
() HISTORICALLY BLACK COLLEGE* (BM)
() LARGE BUSINESS (BB)
() LARGE DISADVANTAGED BUSINESS* (LD)
() WOMEN OWNED LARGE BUSINESS* (WL)
() NATIVE AMERICAN / INDIAN OWNED* (NA)
() WOMEN OWNED SMALL BUSINESS (WB)
() 8(a) CERTIFIED* (8A)
() HUBZONE SMALL BUS.* (HS)
() EDUCATIONAL INSTITUTION (EI)
() MINORITY OWNED* (NM)
() FOREIGN PARTNERSHIP (PF)

*NOTE: please attach copies of your certification for this category of business from the SBA or other certifying authority. This certification is valid for one year. If your status changes, it is your responsibility to notify LU.



CONFLICT OF INTEREST - Required

- 1. Are you an employee of Lincoln University (LU)? Yes _____ No _____
- 2. Is any immediate family member employed by Lincoln University or any of its entities? Yes _____ No _____
 If Yes, list name and LU Department: _____
 Relationship: _____
- 3. To the best of your knowledge, are any officers, directors, trustees, partners, or an individual holding any position in management of this business, a member of the LU Board of Curators, an immediate family member of the LU Board of Curators, or an employee of LU or any of its entities? If "yes" attach details. Yes _____ No _____

I acknowledge that LU policy calls for issuance of an official LU Purchase Order signed by an authorized individual for all purchases except those accomplished with an LU Procurement Card prior to a purchase being made. Failure to obtain an LU Purchase Order prior to supplying goods or services may result in either delay of payment or non-payment.

Further, I acknowledge that information obtained in this questionnaire will be used to establish/update LU's database and that these changes may affect information in related databases such as student records or employee information.

* CERTIFICATION: Under penalties of perjury, the individual signing this form below, certifies that:

- 1. The payee's taxpayer identification number (TIN) is correct,
- 2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and
- 3. The payee is a U.S. person

Lincoln University TIN: 44-6001089 * DUNS: 071970164

INDEPENDENT CONTRACTOR DETERMINATION (to be completed by Individual or Sole Proprietors) If "yes" is checked, please explain.

- 1. Will LU determine when, where, or how the work is to be performed? Yes _____ No _____
- 2. Will LU provide any training to the contractor or its employees? Yes _____ No _____
- 3. Are the services proposed in this contract currently being performed on the LU Campus? Yes _____ No _____
- 4. Will any current LU employees be involved in performing any of the proposed services of this contract? Yes _____ No _____
- 5. Are the services proposed in this contract a continuation of work from a current or prior contract? Yes _____ No _____
- 6. Will the proposed services be performed on LU property? Yes _____ No _____
- 7. Will any LU owned property or equipment be used in the performance of the proposed services? Yes _____ No _____
- 8. Is the contractor allowed to provide the proposed services without a business license/registration? Yes _____ No _____
- 9. Please describe the services that you will be providing to LU.

Explanation/ description: _____

COMPANY / INDIVIDUAL REPRESENTATIVE

Print or Type Name and Title of Individual Completing Form

* Signature

Date

By checking this box and typing my name above, I am electronically signing my application.