Supplier Decision Tree - UC Berkeley Substitute W-9 and Supplier Information Required Form Fields

START

Domestic (US Based) Supplier

Foreign (Non-US Based) Supplier

Supplier/Individual/Refund

Setup New Profile

Update/ Reactivate

Reactivate

Update

Reactivate

Refund

Complete form; fax to Vendoring (510-664-7209)

Required form fields:

Check box/top of form
☐ Select Refund Supplier

Section 1:
- Name
- Remit St Address
- Remit City/State/PC
- Contact Name

Section 2:
- UCB Staff Contact Name
- UCB Contact Phone
- UCB Contact Email

Individuals

Complete form; fax to Vendoring (510-664-7209)

Required form fields:

Check box/top of form
☐ Select New Individual

Section 1:
- Name
- Order phone number
- Purchase order email
- Remit St Address*
- Remit City/State/PC*
- Contact Name
- Taxpayer ID # (TIN/SSN)
- Desc. Of Business/Svcs
  Check one:
  - Reimburse,
  - Honorarium,
  - Prize/award,
  - Human subject,
  - Stipend

****Home/personal address only***

Section 2:
- UCB Staff Contact Name
- UCB Contact Phone
- UCB Contact Email

Section 4:
- Signature**
- Date
- Printed Name
- Title

*****No signature required for reimburse***

Supplier

Complete form; fax to Vendoring (510-664-7209)

Required form fields:

Check box/top of form
☐ Select New Supplier

Section 1:
- Name
- Order St Address
- Order City/State/PC
- Order phone number
- Purchase order email
- Remit St Address
- Remit City/State/PC
- Contact Name
- Federal Tax Classification
- Taxpayer ID # (TIN/SSN)
- Desc. Of Business/Svcs
  - Select 'Other' & describe goods/services

Section 2:
- UCB Staff Contact Name
- UCB Contact Phone
- UCB Contact Email

Section 3 (if applicable):
- Business Type/ Classification

Section 4:
- Signature
- Date
- Printed Name
- Title

Update existing profile

Complete form; fax to Vendoring (510-664-7209)

Required in order to ensure entire UCB record is current:

Check box/top of form
☐ Select Update existing & provide Supplier ID

Section 1:
- Name
- Order St Address
- Order City/State/PC
- Purchase order email
- Remit St Address
- Remit City/State/PC
- Contact Name
- Taxpayer ID # (TIN/SSN)
- Desc. Of Business/Svcs

Section 2:
- UCB Staff Contact Name
- UCB Contact Phone
- UCB Contact Email

Section 3 (if applicable):
- Business Type/ Classification

Section 4***:
- Signature
- Date
- Printed Name
- Title

******Not required for refunds or individual reimbursement only***

Reactivate

Send email w/subject line *Reactivate* to bearbuyhelp@berkeley.edu.

Required information:
- Supplier Name
- BFS Supplier ID Number

New or Update

Complete form; fax to Vendoring (510-664-7209)

Required form fields:

Check box/top of form
☐ Select New Supplier

Section 1:
- Name
- Country
- St Address
- City/State/PC (if applicable)
- Purchase order email
- Taxpayer ID # (TIN/ SSN)****
- Desc. Of Business/Svcs
  - Select appropriate checkbox

*******TIN required if noted on UC W-8BEN or if using US address***

Section 2:
- UCB Staff Contact Name
- UCB Contact Phone
- UCB Contact Email

V1.1 July 2017