

*Section must be completed

Payee Certification

*SSN can be given by phone

Name US Tax ID Number/SSN:

Has a Statement of Work (SOW) been executed for this entity/individual? Yes No N/A

[\(Required when services provided are over 160 hours or multiple payments B@P process: Initiating a Consulting Agreement\)](#)

Business Type (Check One): Individual/Sole Proprietor/single-member LLC/Partnership S or C Corporation/Trust/Estate/Other

Description of Services / Reason for Payment:

Period Covered by Payment Was the work performed outside the United States? Yes No

Have you been paid by Purdue Before? Yes No If yes, has your address or banking information changed since the last payment? Yes No

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Citizenship (check one box)

US Citizen Permanent Resident Non-Resident Alien or Foreign Entity If yes, enter Visa Type: Must complete and attach Glacier file (www.online-tax.net)

*Section must be completed

Purdue University-related Disclosures

Are you a student? Yes No If yes, enter institution

Are you a current or former employee of Purdue? Yes No If yes, enter dates:

If yes, Do you have an approved Reportable Outside Activity Form? Yes No

Do you have immediate relatives who are employed at Purdue? Yes No
If yes, List name(s) and department(s):

Exemptions (apply only to certain entities, not individuals):

Exempt payee code (if any) Exemption from FACTA reporting code (if any)
Applies to accounts maintained outside the U.S.

Itemized Payment

	Fee/Rate	Quantity	Total	Foreign Currency
Honorarium/Fees for Service	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Expenses:				
Airfare	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Ground Transportation	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Subsistence:				
Food	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Lodging	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other - Describe:	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>			\$ <input type="text"/>	
	Total Invoice Amount		\$ <input type="text"/>	

Certification of Payee *Name, signature, and date required for payment

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

By Signing this invoice I:

- a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes;
- b) Certify that I am not a Federal employee;
- c) Agree that all inventions and materials first developed or produced as a result of the above described consulting activities will be reported to Purdue and all rights, both domestic and foreign, to inventions and materials first developed or produced as a result of the above described consulting activities shall be retained by Purdue University, and
- d) Agree not to disclose any information furnished by Purdue University that was identified as proprietary information.

Under penalties of perjury, I certify that:

- e) The number shown on this form is my correct taxpayer identification number and the name is the correct name on file with the IRS,
- f) I am not subject to backup withholding, and
- g) the information regarding citizenship or foreign status above is correct.

Signature of Payee:

Date:

Printed Name:

Account Information

G/L Account	Order	WBS Element	Earmarked Funds
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Verification of receipt of deliverables and/or services by individual with first-hand knowledge

By signing below, I certify that the services described are essential to the project, have been received, and the consultant's fees are appropriate.

Signature:

Date:

Printed Name: Title: