Supplier/Payee Management Form



Instructions

This form should not be used to add or update employee or student information.

This form should be completed for:

- All new foreign suppliers and payees. The ability to support foreign suppliers and payees through the online self-registration process will be available at a later date.
- Updates/changes to existing suppliers and payees who have not self-registered in the portal.
- Non-Princeton guests who wish to receive reimbursement for their travel-related expenses via ACH. If payment is to be made by check, complete only the online supplier request form in the Prime Marketplace.

The supplier request process can be completed online via the Prime Marketplace without the use of this form for:

- New domestic suppliers and payees.
- Non-Princeton guests receiving reimbursement via check.

US Individual US Entity	Foreign Individua	I 🔲 Foreign Ent	EXISTING SUPP	EXISTING SUPPLIER ID NUMBER (REQUIRED FOR UPDATES ONLY)			
NAME (AS SHOWN ON INCOME TAX RETURN)			DOING BUSINESS A	DOING BUSINESS AS (DBA) (IF DIFFERENT FROM NAME)			
2. Address Information							
2a. Permanent Address: Add Nev	w 🔲 Update	e Existing					
PERMANENT STREET ADDRESS							
тү			PROVINCE	OSTAL CODE			
JNTRY PHONE			EMAIL				
2b. Ordering Address:	me as Permanent			<u> </u>			
ORDER STREET ADDRESS							
CITY			STATE/PROVINCE I		POSTAL CODE		
COUNTRY	INTRY			EMAIL			
3. Description & Timing of Goods/	Services to be F	Provided					
<u> </u>							
Ba. Business Classification (Check one if applicable)	3b. Diversity Classification (Check all that apply)						
Educational Institution	☐ 8(a) Busi	ness Development	Minority Business Enterprise		Service Disabled Veteran		
Non-Profit Organization	☐ HUBZone Small Business☐ LGBT Owned Business		■ Small Business Enterprise■ Small Disadvantaged Business				
☐ Federal/State/Local Government							
4. Payment Selection							

PAGE 2

4. Payment Selection - continued (Choose one payment r	method)						
ePayables: Suppliers receive a unique credit card number which	they use to set	tle approved invoices.	Payment is immediate	upon receipt and a	pproval.		
☐ Electronic Funds Transfer (EFT): Suppliers may choose from the fo	ollowing terms.	Guest reimbursement	s and honoraria are pr	ocessed with imme	diate terms.		
☐ 4%/3 days, Net 15 ☐ 3%/5 days, Net 20	30 🔲 Ne	t 30					
Wire: For foreign bank payments only. Wires will be in USD(\$), un	less specified I	nere: WIRE CURRENCY					
PLEASE PROVIDE BANKING INFORMATION BELOW:							
BANK NAME COUNTRY							
BANK ADDRESS		Į.					
CITY	STATE/PRO	STATE/PROVINCE POSTA					
ROUTING (US)/SWIFT (NON-US) (REQUIRED)	ACCOUNT N	ACCOUNT NUMBER OR IBAN (ONE IS REQUIRED)					
Paper Check: Net 45 days. Send payment to: Perma	anent Addres	s 🔲 Order Addre	ss 🔲 Other Add	Iress			
5. Independent Contractor Certification (Required for Ind	lependent Co	ntractors Only)					
a. I AM NOT CURRENTLY AN EMPLOYEE OF PRINCETON UNIVERSITY, NOR HAVE I RECEIVED PAYMENTS FROM THE UNIVERSITY WITHIN THE LAST YEAR.							
b. I WILL RECEIVE A FLAT FEE FOR MY SERVICES.						☐ No	
c. I WILL CONTROL THE MANNER AND THE DIRECTION IN WHICH THE SERVICES WILL BE PROVIDED.						☐ No	
d. I ROUTINELY PROVIDE THE SAME OR SIMILAR SERVICES TO OTHER (NON-PRINCETON) CUSTOMERS AS PART OF A CONTINUING TRADE OR BUSINESS							
e. I AM RESPONSIBLE FOR SUPPLYING (AND PAYING FOR) ANY EQUIPMENT AND/OR WORKERS REQUIRED TO PROVIDE THE SERVICES.							
f. I WILL UTILIZE UNIVERSITY SPACE AND/OR OTHER FACILITIES TO PERFORM MY SERVICES.							
g. ALL EXPENSES INCIDENTAL TO THE PERFORMANCE OF MY DUTIES FOR THE UNIVERSITY, INCLUDING TRAVEL EXPENSES, ARE TO BE BORNE BY ME (UNLESS REIMBURSEMENT IS PERMITTED IN THE TERMS OF THE CONTRACT AND INVOICED WITH APPROPRIATE DOCUMENTATION).							
h. I AM PROVIDING ADDITIONAL INFORMATION WHICH MAY BE RELEVANT TO THE DETERMINATION OF MY STATUS AS AN INDEPENDENT CONTRACTOR (E.G., COPIES OF INVOICES TO OTHER CUSTOMERS, NEWSPAPER AND/OR YELLOW PAGES ADVERTISEMENTS, BUSINESS CARDS, ETC).							
i. I AM NOT ECONOMICALLY DEPENDENT ON PRINCETON UNIVERSITY.					Yes	☐ No	
I hereby certify that I am entitled to claim independent concertify that I pay my own federal, state, and city income/strequirements. I acknowledge that, as an independent concert or other University employee benefits. I understand that over six hundred dollars in remuneration during a calend form. I acknowledge that providing false information will result in further penalties. *Check for Certification	social securi ntractor, I am the Universit ar year. If a I result in my	ty and other taxes i not eligible for wo y will issue a Form Foreign National or	n accordance with e rkers compensation 1099-MISC to indep Entity, then I expec	estimated tax pay , unemployment pendent contracto et to receive a 10	yment compensati ors who rece 42-S report	on eive ing	
6. Supplier Certification (Required for All Suppliers/Payees))						
To be signed only by persons authorized to complete this form.							
PRINT NAME	SIGNATUR •	SIGNATURE DATE ▶					
TITLE	EM	AIL		<u>i</u>			
COMMENTS							
► Suppliers/payees: Complete and submit this form to your c ► University employees: Upload and submit the completed do		-	orm in the Prime Ma	rketplace.			
			00) 050 0000				

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