

**Section 1: To be completed by the Supplier**See instructions: <https://www.ppt.pitt.edu/sites/default/files/svfinstructions.pdf>**New Supplier Information** (see instructions <sup>↑</sup> for other changes)

Supplier Name \_\_\_\_\_

DUNS # (see instructions) \_\_\_\_\_

Purchase Order (send-to) Address \_\_\_\_\_

Purchase Order (send-to) Address, cont'd \_\_\_\_\_

Sales Contact: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sales Contact: Ph# \_\_\_\_\_ Email \_\_\_\_\_ Fax# \_\_\_\_\_

Remit-To Address \_\_\_\_\_

Remit-To Address cont'd \_\_\_\_\_

**➔ Reminder: Attach an IRS [form W-9](#) (for a U.S. supplier) or IRS [W-8 Series](#) (for a non-U.S. supplier)****Type of Organization** - Check all applicable selections:

- U.S. Person, as defined by the IRS: If checked, complete and include [IRS Form W-9](#).
- Foreign (non-U.S.) business or individual: If checked, complete and include an original [IRS W-8 Series](#)

**Size & Demographics of U.S. Business**

- U.S. Large Business
- U.S. Small Business - Check all applicable selections:
- \*HUB Zone Small Business (SBA Certified)  \*Institute for Entrepreneurial Excellence (IEE) Member
  - \*LGBT Certified  \*Minority-Owned  \*Qualified Non-Profit for the Blind or Severely Handicapped
  - \*Service-Disabled Veteran-Owned  \*Small Disadvantaged Business (SBA Certified)
  - \*Veteran-Owned  \*Woman-Owned

**Minority-Owned U.S. Business Enterprise Information** - Check all applicable selections:

- \*African American  \*Native American  \*Aleuts, Alaskan American  \*Asian Indian American
- \*Asian Pacific American  \*Hispanic American  \*MBE/WBE Certified: If checked, include a copy of the certificate.

**Authorization**

By signing below, the supplier hereby certifies and represents that the information provided is correct, current, and complete. The authorized supplier representative also certifies that he or she will notify the University of Pittsburgh of any changes to said information. The supplier further agrees to accept purchase orders based upon the University of Pittsburgh's general [terms and conditions](#) and to provide [export control information](#) to the University as needed.

Name of Authorized Supplier Representative \_\_\_\_\_

Title of Authorized Supplier Representative \_\_\_\_\_

Signature of Authorized Supplier Representative \_\_\_\_\_

Date Signed \_\_\_\_\_

\*FAR 52-219 (e) (4) Misrepresentation of business status as a small, small disadvantaged, small woman-owned, small HUB Zone, small veteran-owned, service disabled small veteran-owned concern for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the requesting Contractor's subcontracting plan, without remedy, can result in severe penalties. Under 15 U.S.C.645 (d), any person who misrepresents a firm's status in these same categories in order to obtain a contract to be awarded under the preference programs established pursuant to the Small Business Act or any other provision of Federal law, shall be punished by imposition of fine, imprisonment, or both, be subject to administrative remedies including suspension and debarment; and be ineligible for participation in programs conducted under the authority of the Act.

## Supplier Verification Form: For New Suppliers Only

### Section 2: To be completed by the University of Pittsburgh Departmental Business Administrator

See instructions: <https://www.ppt.pitt.edu/sites/default/files/svfinstructions.pdf>

#### New Supplier Information (see instructions ↑ for other changes)

- This is a new supplier.
  - The supplier is a student currently enrolled at the University of Pittsburgh.
  - The supplier is a current University of Pittsburgh employee or was employed by the University within the last 12 months.
- The supplier will provide a:  product  service  software, server, database, or cloud application  other

Specify "other" if applicable: \_\_\_\_\_

#### Purchasing Information

Explain why this purchase cannot be made from a University-wide [contracted supplier](#), and describe exactly what you are purchasing. Include all components of the purchase (e.g. licensing, installation, etc.)

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#### Payment Information

The supplier expects \*payment via  U.S. Dollar Check  Wire  Foreign Currency

*\*If your contract has payment terms other than net 30, email [Purchase, Pay & Travel Customer Service](#).*

**➔ Reminder: Attach an IRS [form W-9](#) (for a U.S. supplier) or IRS [W-8 Series](#) (for a non-U.S. supplier)**

#### Departmental Contact Information

Name of Requesting Department \_\_\_\_\_

Requestor: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Requestor: Ph# \_\_\_\_\_ Email \_\_\_\_\_ Fax# \_\_\_\_\_

#### Authorization

To the best of my knowledge, purchases from this supplier comply with the University Policy [FN 06](#) on Conflict of Interest and Procurement Relationships; and with University Policy [AO 30](#) on Required Use of Contracted Suppliers.

Name of University Business Administrator \_\_\_\_\_

Signature of University Business Manager \_\_\_\_\_

Date of Request \_\_\_\_\_