



Supplier Verification Form

Section 1: To be completed by the Supplier

View instructions: www.cfo.pitt.edu/pexpress/documents/SVFIInstructions.pdf

Supplier Information

Supplier Name _____

Taxpayer ID# _____ DUNS # _____

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 _____

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:
 - *Woman-Owned *Veteran-Owned *Service-Disabled Veteran-Owned
 - *Small Disadvantaged Business (SBA Certified) *HUB Zone Small Business (SBA Certified)
 - *Qualified Non-Profit for the Blind or Severely Handicapped

Minority-Owned U.S. Business Enterprise Information

Check all applicable selections:

- *African American *Native American Indian *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 found here:

www.cfo.pitt.edu/pexpress/documents/tc.pdf.

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.

Reminder: You must attach a completed IRS form (W9 or W8 Series) as applicable. Download forms from the IRS website. See instructions for details.



Supplier Verification Form

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

View instructions: www.cfo.pitt.edu/pexpress/documents/SVFIInstructions.pdf

Supplier Information

Supplier Name _____

- This is a new supplier. This is a change to an existing 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

1. Explain why this purchase cannot be made from one of the University's current [Contracted Suppliers](#):

2. Describe precisely what you are purchasing. Include all components (e.g. licensing, installation, people, etc.)

3. Explain the reason for this purchase. Specify what this purchase is going to provide in terms of your expectations.

Payment Information

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

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 [05-02-02](#) on Conflict of Interest and Procurement Relationships; and with University Policy [05-02-15](#) on Required Use of Contracted Suppliers.

Name of University Business Administrator _____

Signature of University Business Manager _____

Date of Request _____

Reminder: You must attach a completed IRS form (W9 or W8 Series) as applicable. Download forms from the IRS website. See [instructions](#) for details.