

VENDOR DATA RECORD

A Vendor Data Record is required when a club would like to pay a vendor directly out of their club account for a service provided (*Ex: a photographer taking pictures for an event, DJ, performer, etc.*). A D.R, vendor invoice and vendor data record are needed to complete this transaction.

Vendor Data Records are submitted electronically via DocuSign. The link is available on our website, <https://asi.cpp.edu/financial-services/>. Once the vendor fills out the form and electronically signs it, the vendor data record is automatically submitted to Financial Services.

Vendor Data Record via DocuSign
Webpage

DOCUSIGN

How to

Filling in Vendor Data Record via DocuSign

1. First, vendors will need to select whether they are a business or sole proprietor. Depending on their choice, the correct boxes will be highlighted.
2. Next, vendors must fill out information such as name, address and phone number. For a business, they will need to put their business address.
3. Vendors will then either fill in Federal Tax ID (EIN) or their Social Security Number. Depending on whether they clicked “Business” or “Sole proprietor”, the correct option will be highlighted.
4. They will then insert correct information and sign the form electronically.
5. Once completed, the vendor will click, “Finish” so the form is automatically submitted to Financial Services.



DocuSign Envelope ID: 3EA9B001-30C4-4ECC-9A59-BE0FA805E56D

NEXT



VENDOR DATA RECORD

Please select vendor type: **1**

Business

Individual/Sole Proprietor

(Required in lieu of IRS W-9 when doing business with ASI Financial Services)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

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| 1 PLEASE RETURN TO: →→→→ | DEPARTMENT/OFFICE ASI Financial Services | PURPOSE: Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on page 2.) | |
| | STREET ADDRESS 3801 West Temple Ave, Bldg. 35-2123, Attn: Accts Payable | | |
| | CITY, STATE, ZIP CODE Pomona, CA 91768 | | |
| | TELEPHONE NUMBER (909) 869-2800 | | |
| 2 | VENDOR'S BUSINESS NAME Financial Services Photography | VENDOR PHONE NUMBER (909) 869-2800 | |
| | SOLE PROPRIETOR - ENTER OWNER'S FULL NAME HERE (as shown on your income tax return. If not applicable, please type, N/A) | | |
| | MAILING ADDRESS (Number and Street or P.O. Box Number) 3801 W Temple Ave | | |
| | City, State, and Zip Code Pomona, CA 91768 | | |
| 3 VENDOR ENTITY TYPE | MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.) | ESTATE OR TRUST | NOTE: - Government entities - ASI employee are not required to submit this form. |
| | EXEMPT CORPORATION (Non-Profit) | PARTNERSHIP | |
| | ALL OTHER CORPORATIONS | <input checked="" type="radio"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #) | |
| | LLC. Check appropriate box: C Corporation S Corporation Partnership | | |
| 4 VENDOR'S TAXPAYER LD NUMBER | SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See page 2) | | NOTE: Payment will not be processed without an accompanying taxpayer I.D. number. |
| | FEDERAL EMPLOYER'S IDENTIFICATION (FEIN) | SOCIAL SECURITY NUMBER/ITIN 111-11-1111 | |
| 5 VENDOR RESIDENCY DECLARATION For Tax Purposes All Payments Made By the University Are Subject To Federal and California State Tax Laws | Federal Income Tax Withholding Status (Applies to Individuals Only): I am A US Citizen OR I am A Permanent Resident Alien <input checked="" type="radio"/> Yes <input type="radio"/> No | | NOTE: Prior to making payments to foreign citizens, United States tax laws require all employers perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. (Please See page 2) |
| | California State Tax Withholding Status (Applies to All Vendors): <input checked="" type="radio"/> California Resident Qualified to do business in CA or have a permanent place of business in CA <input type="radio"/> California Nonresident [See page 2]. Payments to CA nonresidents may be subject to state taxes. A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board). All services related to this payment were performed OUTSIDE of the State of California | | |
| | I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. | | |
| | 6 CERTIFYING SIGNATURE | AUTHORIZED VENDOR REPRESENTATIVE'S NAME Jerry Lopez | TITLE Owner |
| | SIGNATURE | DATE 7/12/2018 | EMAIL ADDRESS as1fs@cpp.edu |

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