



College of Medicine Campus Contact Information:

Daytona Beach - <http://med.fsu.edu/?page=daytonaBeachRegional.home> Fort Pierce - <http://med.fsu.edu/?page=ftPierceRegional.home>
Orlando - <http://med.fsu.edu/?page=orlandoRegional.home> Pensacola - <http://med.fsu.edu/?page=pensacolaRegional.home>
Sarasota - <http://med.fsu.edu/?page=sarasotaRegional.home> Tallahassee - <http://med.fsu.edu/?page=tallahasseeRegional.home>

General Instructions and Information

If hand written form is illegible or inaccurate, you will be required to complete Disbursement Service's Vendor Authentication form found at <http://controller.vpfa.fsu.edu/content/download/8402/55306/VA-2%20Vendor%20Auth-NonPO%2004-12.pdf>.

If you are not a US Citizen or permanent US Resident, DO NOT complete this form. Contact FSU's Payroll Services department at (850) 644-3813.

Compensation Information

Compensation for my Clerkship services should be directed to my: Personal Account Private Practice Affiliated Hospital

I would like to receive my compensation via: Check Direct Deposit *If Direct Deposit is chosen, complete the Vendor Direct Deposit form on the FSU Controller's Forms page and give to your Campus Administrator.*

Legal Name of Physician/Practice being compensated: _____

Street Address _____ Suite/Building # _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Physician's Contact Information (If different than above)

Physician's Name _____ Street Address _____

Suite/Bldg # _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Tax Status and Exemptions

Collection and Use of Social Security Numbers – The request for your SSN or other Taxpayer Identification Number by FSU Finance and Administration is mandated by 26 U.S.C. 6041 and related IRS regulations. If you have questions about the collection and use of Social Security Numbers at FSU, please visit: <http://policies.vpfa.fsu.edu/bmanual/safeguard.html>.

Enter your Taxpayer Identification Number in the space provided and indicate if this is a Social Security Number (for individuals) or an Employer Identification Number (for other entities). The TIN and Legal name being compensated must match IRS records to avoid the 28% withholding.

Social Security Number Employer Identification Number SSN/EIN _____

Certification

Under the penalties of perjury, I certify that:

- 1. The information supplied herein, including all attachments, is correct to the best of my knowledge, and
- 2. In doing business with Florida State University, I or my organization is in compliance with Chapter 112, Florida Statutes, conflict of interest, and I have disclosed the name of any FSU employee who owns, directly or indirectly, an interest of 10% or more in the above organization or any of its branches, and
- 3. My vendor status with Florida State University has no relation with any employment I may have at FSU or I certify I am not an employee of Florida State University, and
- 4. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 5. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 6. I am a U.S. Person, including a U.S. resident alien.

Signature of Authorized Person with the Compensated Entity _____ Date _____

For FSU Internal Use Only

Vendor ID: _____ TIN Matched? Yes No Comments: _____

Is this vendor an FSU Employee?
 Yes No COM Approver's Signature: _____ Date: _____

**If yes, seek approval from Payroll Services.* COM Contact Name(Print): _____ Phone: _____

*Payroll Approver's Signature _____ Date _____ Vendor Entered By: _____ Date: _____