

# Who We Pay

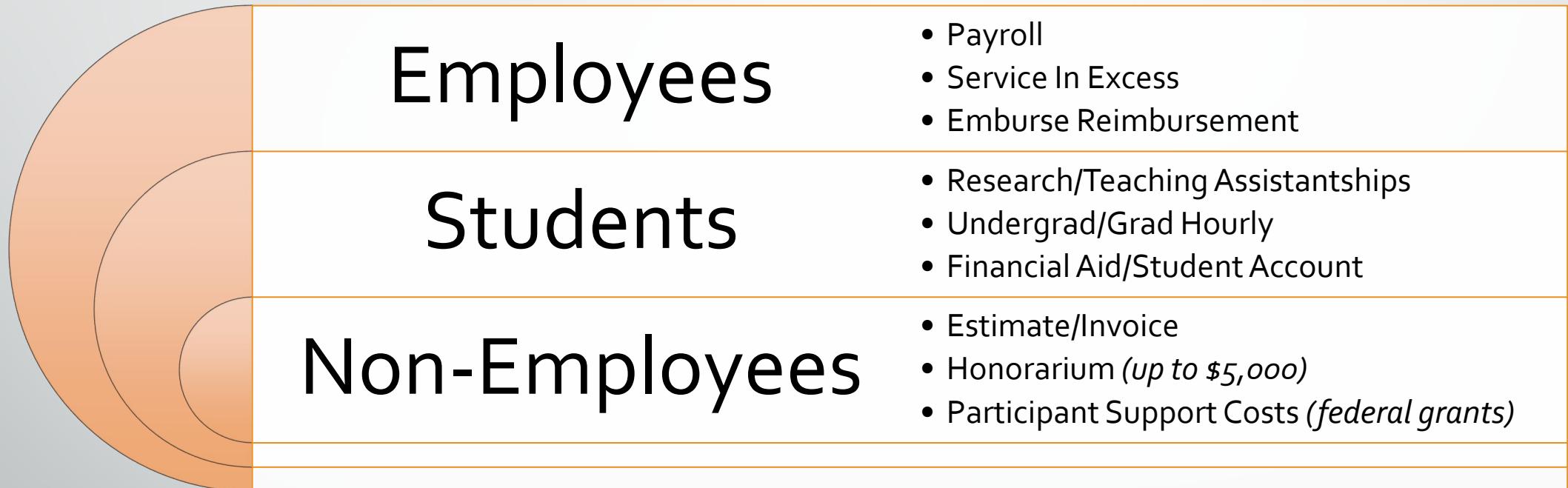
Employees

Students

Non-  
Employees

Vendors

# Who We Pay (*con't*)



# Vendors

Individuals

Corporation  
or  
Non-Profit

Government  
Entity

# Vendor Information Form

This form is required to be completed to process any type of payment to a Vendor.

 UNIVERSITY OF ILLINOIS SYSTEM

University Payables Use Only:  
Banner Vendor Number: \_\_\_\_\_

**UI Department Requesting Information**

Today's Date: \_\_\_\_\_

U of I Department name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Campus:  Chicago  Springfield  Urbana/Champaign

Transaction:  Purchase Order  TEM

Add to iBuy:  Yes  No

New Vendor  Update Existing Vendor

Types of Goods and Services Provided:  
 Goods  Services  Attorney  Royalties  Medical  
 Other Please Describe: \_\_\_\_\_

**Vendor Information Form**

The Vendor Information Form is the University of Illinois substitute for the Federal W9 form and is considered a legal document. Forms must be completed and signed by the individual/entity in order to receive payment. If you need help, e-mail us at [uivendor@illinois.edu](mailto:uivendor@illinois.edu) or phone 217-333-6583.

Vendors please complete the information in steps 1 through 3:  
Additional form information and explanations at end of the form.

**Step 1 -- Tax information**

**Name of Individual or Business Name** (if sole proprietor, please list name of owner and name of business.)

If completing form as an Individual, provide birth date: \_\_\_\_\_ Gender:  Male  Female

**Taxpayer Identification Number**  
Enter Social Security Number(SSN), Federal Employer ID Number(FEIN) or Individual Taxpayer Identification Number (ITIN) (if Applicable), associated with the above name: \_\_\_\_\_

Is this business a disregarded entity for tax purposes?  Yes  No

Enter Social Security Number(SSN), Federal Employer ID Number(FEIN) or Individual Taxpayer Identification Number (ITIN) (if Applicable), used for federal tax reporting purposes: \_\_\_\_\_

**Parent Company Name** (if different than above)

**Please mark all boxes that apply:**

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation/Incorporated (TC)	<input type="checkbox"/> Med Health Care Services Provider (TM)
<input type="checkbox"/> Sole Proprietor (TI)	<input type="checkbox"/> Corporation LLC (TL/TC)	<input type="checkbox"/> Real Estate Agent (TR)
<input type="checkbox"/> Sole Proprietor LLC (TL/TI)	<input type="checkbox"/> Government Entity (TG)	<input type="checkbox"/> Attorney (AT)
<input type="checkbox"/> Partnership (TP)	<input type="checkbox"/> Not-for-Profit Corporation (TN)	<input type="checkbox"/> Trust or Estate (TT)
<input type="checkbox"/> LLC Partnership (TL/TP)	<input type="checkbox"/> Tax Exempt Organization (TE)	
<input type="checkbox"/> S-Corp/Solely Owned Corporation (TC)		

Revised 4/2020

OBFS - University Payables

Page 1 of 4

# How We Pay

Purchasing  
Card  
*(P-Card)*

Requisitions  
&  
Purchase  
Orders

Contracts

# Purchasing Card (P-Card)



Most purchases up to \$7,500

Restricted Purchases

# Purchasing Card (P-Card)

Most  
purchase up  
to \$7,500

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Books

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Supplies

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Small Equipment

# Purchasing Card (P-Card)

Conference Fees

Memberships

Electronic Services

Software Purchases

Restricted  
Purchases

# Software and Electronic Services Purchased by P-Card



UNIVERSITY OF ILLINOIS SYSTEM

## Software and Electronic Services Purchased by PCard

Before purchasing Software or Electronic Services with a PCard, complete this form to determine if the purchase qualifies as a PCard transaction. If so, your unit must file and retain this form with other backup documentation required for your PCard purchase.

For additional information on purchasing Software or Electronic Services, see Section 7.2 - [Purchase of Goods and Services](#), Computer Software and Electronic Services. For information on public and/or sensitive data, see <https://go.illinois.edu/dataclassification>.

This online form  
must be completed  
and approved **PRIOR**  
to the purchase.

# P-Card Exception Request

To request ***PRIOR*** approval to use a card for a justified expense that is prohibited by policy or exceeds cardholder limits.



UNIVERSITY OF ILLINOIS SYSTEM

## P-Card Exception Request

**Note: Exceptions may only be considered for review prior to the purchase/transaction being transacted. Post purchase exception requests will not be processed.**

**Instructions:**  
The original form must be completed and forwarded to the Department Card Manager (DCM) for processing and retention. The DCM will scan and email to [cco@uiillinois.edu](mailto:cco@uiillinois.edu) the completed form to UPAY Card Services for processing.

For questions please call UPAY Customer Services at 217-333-6583 or 888-872-9953.

Date \_\_\_\_\_ Org Code: \_\_\_\_\_

Department Name \_\_\_\_\_

Department Contact \_\_\_\_\_

Campus Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Mail Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Provide a description of the P-Card exception that is being requested. Include as much information as possible including the type of purchase, the amount and the reason that the exception is needed. Attach an additional sheet for comments and backup documentation if needed. (Field length is limited to the visible area - approximately 1500 characters.)

### Approvals: (Approval of the Department Head is required for all exception requests.)

**Cardholder UIN** \_\_\_\_\_

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Card Manager UIN** \_\_\_\_\_

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Head UIN** \_\_\_\_\_

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### OBFS Approvals (OBFS use only)

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# Receipts must include:

Date of purchase

Vendor Information

Description of purchase

Total

**ABC, Inc.**

Address: 1234 Lorem Ipsum, Dolor

Tel: 123-456-7890

Date: 01-01-2018 10:35

	6.50
	7.50
	48.00
	9.30
	11.90
	1.20
	0.40

**AMOUNT** 84.80

Sub-total	76.80
Sales Tax	8.00
Balance	84.80



# General Purchasing Reminders



Submit timely receipts for P-Card purchases



Submit timely receipts for reimbursements (not to exceed \$500).



All purchases with University Funds **MUST** have a justification on how the purchase benefits the University.