Stetson University, Inc.

421 N. Woodland Blvd. Unit # 8318

DeLand, FL 32723

# Accounts Payable Registration Form – INDIVIDUALS ONLY

Complete this form and mail/fax to Accounts Payable (386)-822-7034.

If you have any questions with vendor information, call (386) 822-7024

[ ]  Employee [ ]  Student [ ]  Visiting Faculty/Speaker [ ]  Consultant [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Phone # Fax #

 Mailing Address City State Zip Code Email Address

 Country of citizenship

 Additional information applicable to payment

**SUPPLEMENTAL INFORMATION – ALL INDIVIDUALS OR PAYEES**

 **U.S. Social Security number (SSN**) **OR Taxpayer Identification Number (TIN):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If none, but applied for, date applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the box that best describes your **residency status**:

[ ]  Citizen - (individual) of the United States [ ]  Resident Alien - (individual) of the United States

[ ]  Non-resident alien - (individual)\*

\* Note: If you marked this box, you will be subject to backup withholding of 30% unless a specific treaty exemption with your country of residence and the U.S. exists. You must contact Albert Aguirre, Controller, 386-822-7061, Campus Unit 8318, to complete the appropriate paperwork to claim a treaty exemption.

SIGNATURE – AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

1. 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

2. 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 a failure to report all interest or dividends **or** (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secure property, cancellation of debt, contribution to an individual retirement (IRA), and generally, payments other than interest and dividends, you are not requited to sign the certification, but you must provide your correct TIN.

 Signature of Payee Date

Stetson University, Inc.

421 N. Woodland Blvd. Unit # 8318

DeLand, FL 32723

# Accounts Payable Registration Form

Complete this form and mail/fax to Accounts Payable (386)-822-8855.

If you have any questions with vendor information, call (386) 822-7024

[ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **COMPANY NAME**  Phone # Fax #

 **REMIT TO** Address City State Zip code Email Address

 Contact Name & Title

 **PURCHASE ORDER** Address (if different) City State Zip code Email Address

 Contact Name & Title

 Payment/Discount terms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (net 30, 2/10, etc.)

**Check the box that best describes your residency status:**

[ ] Domestic (U.S) Sole Proprietorship [ ]  Domestic Partnership [ ] Domestic Corporation [ ]  Domestic other

\*[ ] Foreign (Non-U.S.)-Sole Proprietorship \*[ ] Foreign (Non-U.S.)- Partnership \*[ ] Foreign (Non U.S.)- Corporation

\*[ ] Foreign (Non-U.S.)- Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(explain)

\* Note: If you marked one these boxes, you will be subject to backup withholding of 30% unless a specific treaty exemption with your country of residence and the U.S. exists. You must contact Albert Aguirre, Controller, 386-822-7061, Campus Unit 8318, to complete the appropriate paperwork to claim a treaty exemption.

**U. S. Taxpayer Identification Number (TIN)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If applied for, date applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(This number is also known as Federal Employer Identification Number [FEIN])

**SIGNATURE – AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that the above information is correct and that:

1. 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

2. 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 a failure to report all interest or dividends **or** (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secure property, cancellation of debt, contribution to an individual retirement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of Payee Date


# Accounts Payable – ACH - DIRECT DEPOSIT

Stetson University Accounts Payable department is now offering the opportunity to have your payment processed as an ACH-DIRECT DEPOSIT (AP-ACH-DD) to your bank account. If you prefer to continue to receive a check, please disregard this and no further action is required on your part.

In the event that you prefer to have your payment direct deposited to your bank account, please provide the following information to Stetson University.

 U.S. Bank Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ACH ABA # *(nine digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* To avoid errors, please provide a voided **\*CHECK\* copy**

*Deposit slips often have different ABA/banking routing numbers and cannot be used for this type of bank transaction*

* You will receive an email when the payment has been processed to your bank account

I understand the accuracy of the above information that I am providing to Stetson University is solely my responsibility:

 Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# Lecturer/Guest Speaker/Group Leader - Independent Contractor Agreement

THIS AGREEMENT made and entered into this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and between STETSON UNIVERSITY, INC., a Florida non-profit corporation, hereinafter referred to as “Stetson”, and , the Lecturer/Guest Speaker performing services as an independent contractor, whose Social Security Number or Federal I.D. Number is , hereinafter referred to as “IC” and whereas Stetson desires the professional services of IC and IC is desirous of furnishing the services described herein upon the terms and conditions set forth in this agreement.

NOW THEREFORE, the parties hereto in consideration of the sums to be paid, together with the mutual promises, terms and provisions of this agreement, do hereby covenant and agree with each other as follows:

1. That IC will render for the use and benefit of Stetson, the following described professional services in accordance with the terms and provisions of this agreement, more particularly described in Exhibit 1, which is hereby made a part of this contract.
2. In further consideration of the professional services to be performed by IC as stated herein, Stetson agrees to pay IC under the terms outlined in Exhibit 2, hereby made a part of this contract.
3. IC agrees that it will be solely liable for and promptly pay any and all payroll taxes, self-employment tax, withholding, Social Security, permits, licenses for itself and agrees that IC will hold Stetson harmless and indemnify it from any causes of action resulting from the conduct of IC.
4. The parties further expressly agree that neither Federal, State nor Local Taxes of any kind shall be withheld or paid by Stetson on behalf of IC and IC shall not be treated as any employee of Stetson with respect to the services performed hereunder for Federal or State Tax purposes.
5. IC acknowledges and understand that IC is responsible to pay according to law, IC’s income tax and in the event IC is not a corporation, IC may be liable for self-employment and other such taxes to be paid by IC according to law.
6. Stetson shall not be liable for reimbursing IC for any expenses incurred by IC, including travel expenses, equipment, tools, materials, and/or supplies of any type. Contractors should include these expenses in their total fee, if applicable.

5. The parties acknowledge that IC is engaged in IC’s own independently established business and IC is not eligible and shall not participate in any employee pension held or other fringe benefit plan of Stetson.

6. No Workers Compensation Insurance or Unemployment Compensation Insurance shall be provided by Stetson concerning IC and IC shall comply with all such requirements and shall provide to Stetson a certificate of IC’s obligation to pay for any and all Workers Compensation and Unemployment Compensation Insurance if applicable.

7. IC declares that IC has complied with all Federal, State and Local laws regarding business permits, certificates, or licenses that may be required to perform and carry out the work to be performed under this agreement.

8. In further consideration, IC agrees to indemnify and hold harmless Stetson, its Board of Trustees, Officers, Staff, Employees, and Agents and all others affiliated with Stetson from any actions, claims, causes of action brought against Stetson and the aforementioned by any persons, firms or corporations as a result of IC’s actions and/or activities as described herein above, and agrees to assume all liability, including products liability, jointly and severally, for any injuries or damages that IC may cause to any persons during IC’s visit to campus and/or while IC is engaged in the activities described herein.

9. This agreement shall not to extend beyond one year of the contract date.

10. Stetson shall not be liable to IC for any expenses paid or incurred by IC unless otherwise agreed in writing with Stetson and IC shall supply at IC’s sole expense, all equipment, tools, materials, and/or supplies of any type whatsoever to accomplish the job agreed to be performed by IC, except where the parties have mutually agreed in writing to any change in the foregoing.

11. That this contract shall be construed and interpreted in accordance with the Laws of the State of Florida, and in the event of any legal action initiated or filed by either of the parties hereto, that the venue of said cause of action will be Volusia County, Florida.

IN WITNESS WHEREOF, the parties hereto have authorized their official representatives to execute this document in such counterparts as deemed appropriate and on the date as shown herein.

Date: Date:

FOR STETSON UNIVERSITY, INC.

By:

 *Signature of Finance Office Representative Signature of Lecturer/Guest Speaker/Group Leader*

Name: Name:

Title: Title:

 Address:

**Stetson University, Inc.**

**421 North Woodland Blvd., Unit 8318**

**DeLand, FL 32723**

 Email:

Contact Information: Finance Office- Unit 8318 | Email: accountpayable@stetson.edu | Phone: 386-822-7295

Name of Lecturer/Guest Speaker/Group Leader:

EXHIBIT 1

**Services to be rendered:**

The following described professional services to be rendered include but are not limited to:

(Describe specific services to be performed for compensation)

(Please use the following Addendum Page if additional space is needed or to include any special requests to the agreement for consideration)

Check here if Addendum page is being used [ ]

EXHIBIT 2

**Payment Consideration:**

Corresponding with the services rendered as described above, the information below serves as IC’s

Invoice and agreed upon payment for services as follows:

Date(s) of Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  One Pay/ Lump Sum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Amount per Service Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Amount per Day: \_\_\_\_\_\_\_\_\_\_\_ Amount per Week: \_\_\_\_\_\_\_\_\_\_\_ Amount per Month \_\_\_\_\_\_\_\_\_\_\_

[ ]  Amount per each service as follows:

Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_

Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_

Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_

**Other Type of Payment Structure**:

Check Here if Payment Arrangements are in Addendum Page or Attached: [ ]

Contact Information: Finance Office- Unit 8318 | Email: accountpayable@stetson.edu | Phone: 386-822-7295

**ADDENDUM TO LECTURER/GUEST SPEAKER/GROUP LEADER**

**CONTRACTOR AGREEMENT BETWEEN**

**STETSON UNIVERSITY, INC. AND .**

 (INDEPENDENT CONTRACTOR'S NAME)

**Use this section to include addendum or additional terms to agreement:**