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.

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# sTUDENT aCTIVITY eQUIPMENT - Independent Contractor Agreement

THIS AGREEMENT made and entered into (Today’s date), between STETSON UNIVERSITY, INC., a Florida non-profit corporation, hereinafter referred to as “University”, and

 (Name of Equipment Contractor or Company), hereinafter referred to as “EC”.

WITNESSETH, that the University contracts for the services of EC as (an) independent contractor(s), not as (an) employee(s), on the terms and conditions set forth below. EC agrees to render to the University services as follows:

Name of Student Activity/Event:

Date(s) of Activity/Event:

Campus Location(s) of Event:

Type of Activity/Event:

Hours of Activity/Event:

Time and Date EC will arrive on Campus:

Time and Date EC will remove Equipment:

**Special Provisions/Requests**: Use Addendum Sheet for Details & Riders

**Compensation:**

Compensation/Agreement: $

Check Here if Compensation is noted on Rider or Addendum [ ]

**Payment Agreement**:

Check(s) to be issued to:

Name:

Address:

Phone Contact(s):

Email Address:

Social Security Number or Federal ID Number:

(SSN #123-45-6789 or FIN #12-34567890)

1. The University contracts for the services of EC as (an) independent contractor(s) and not as (an) employee(s). EC shall provide a sufficient quantity of capable employees/operators(s). The University shall make payment to EC/Company who is responsible for compensating employees/operators(s) acquired as agreed between him/it and the employee/operators(s). The operators(s) are self-employed or employees of EC/company who will have the duty of and be responsible for complying with Federal, State and Internal Revenue Service laws and regulations pertaining to the withholding of taxes and social security, and for complying with any union or Federation rules pertaining to deduction for dues and nay health or welfare fund, and any other union or Federation deduction or payment, and EC will hold Stetson University harmless and indemnify it for any claims therefrom.
2. EC will be allowed reasonable access to the facility used for the engagement before and after the engagement for the purpose of assembling and removing equipment. EC will be admitted to the place of engagement at time(s) specified above in order to set-up and remove event equipment.
3. It is mutually agreed that neither party shall be responsible for any provision in this contract or rider(s) to this contract when prevented from complying with a contractual provision due to any Act of God or any other legitimate condition beyond the control of the appropriate party.
4. Stetson shall not be liable for reimbursing EC for any expenses incurred by EC, including travel expenses, equipment, tools, materials, and/or supplies of any type. Contractors should include these expenses in their total fee, if applicable.

5. EC shall reimburse, indemnify and hold harmless the University for all loss to the University resulting from the negligence of EC in the performance of this contract. In further consideration, EC hereby agrees to assume all liability, jointly and severally, for any injuries or damages that may be related to faulty or malfunctioning equipment or lack of maintenance, or that EC or its employees or independent contractors may cause to any persons or property during EC’s use of and visit to Stetson’s campus or while EC is engaged in the activities described hereinabove.

(a). The University shall not be liable for any damages or injuries of the EC, their employees/operators/independent contractors or their equipment, while on the University’s premises, and EC hereby releases Stetson University, Inc., its Board of Trustees, Officers, Staff, Employees, Representatives and Agents from all form and manner of risks inherent or relating to such activities, and agrees to waive all claims and demands of any nature arising from said campus visit, event, or related activities.

6. The validity, interpretation and effort of this contract and any Addendum or rider(s) attached thereto shall be governed by the laws of the State of Florida. The laws of the State of Florida shall govern all rights, obligations, remedies and liabilities arising pursuant to this contract and any rider(s) attached thereto. Venue for any legal action relating to this contract shall be Volusia County, Florida.

7. Only those items or services specifically delineated in this contract and any rider(s) attached hereto are being provided or paid for by the University. No additional costs for items or services will be borne by the University without its prior expressed written consent.

8. Any person/entity executing this contract, other than EC, expressly warrants that he/it is authorized to execute this contract for EC for this event at the time and place specified in this contract.

9. This contract shall not be binding upon the University until fully executed, including signing and initialing of any changes by the parties hereto, or their authorized representatives, and delivered to the University at least 7 days prior to the date of event.

10. The University representatives signing this agreement certify that they sign as properly authorized representatives of the University and do not assume any personal liability for meeting the terms of this contract.

11. The University may modify this contract provided written notice is given to EC. Both parties must initial all additions and deletions to this contract and its rider(s) in order to be valid. This contract and any rider(s) attached thereto represent a complete and final expression of the parties’ agreement. The parties will therefore be responsible only for those items expressed in this contract and any rider(s) attached thereto, irrespective of any additional or contrary oral or written statements or representations.

12. Stetson University is an Equal Opportunity institution that admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate on the basis of race, age, color, sex, sexual orientation, national and ethnic origin or handicap in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administrative programs.

(a). The EC shall not discriminate in any manner against any employee, student or applicant for employment because of race, sex, age, color, physical or mental handicap, marital status, religion, national origin or political affiliation.

13. If EC fails to fulfill its obligations under this agreement properly and on time, or otherwise violates any provision of this agreement, the University may terminate the agreement by written notice to EC without any obligation on the part of the University.

14. It is mutually agreed that any attached contract, or any rider(s)/Addendum thereto, by and between the University and EC pertaining to this engagement is supplemental and subordinate to this Stetson University Event Contract. The terms and conditions of this Stetson University Event Contract and the rights, privileges, duties, and obligations arising pursuant thereto shall at all times and in all events and situations be controlling.

15. If in the University’s sole determination, the EC or their employees appear on or near the event site noticeably under the influence of alcoholic beverages, narcotics, drugs, or other controlled substances, the University may terminate this contract with no liability on the part of the University. The EC shall be liable to the University for payment within thirty (30) days after demand of all of University’s costs, expenses, damages, and claims resulting from such cancellation, including reasonable attorney’s fees and costs incurred in the enforcement of this provision. EC acknowledges that no weapons of any kind, alcoholic beverages, narcotics, drugs, or other controlled substances are permitted on or to be consumed on University’s campus or at or near the event site.

16. In addition, EC agrees to provide to the University a certificate of insurance showing proof of the following insurance coverages:

* General Liability Coverage: $1,000,000 Minimum Coverage Limit
	+ Certificate of Insurance should name Stetson University, Inc. as an additional insured in respect to liability and the IC’s services and actions.
* Workers Compensation Coverage: (Unless EC is Exempt per State Statutes)

(a). If EC is not considered to have a workers compensation ‘exempt’ status according to Florida state statutes, or if EC is performing construction, building repair or maintenance services, or EC’s services require labor intensive physical activities, then EC must also prove a certificate of insurance showing proof of current WC coverage as required by Florida state statutes.

17. The EC acknowledges that it has received an executed copy of this contract and assumes responsibility to provide a copy of the contract to its employees, operators and/or independent contractors, and does acknowledge that all EC parties must abide by the provisions herewith in. EC also agrees that its employees will be sensitive to the commonly accepted local standards of civility and conduct of the university.

18. In the event any of the provisions of this agreement are rendered to be invalid or illegal, the remainder of this agreement shall remain in full force and effect and shall be binding on the parties hereto.

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. FOR:

 *Name of Equipment Contractor or Company*

By: By:

 *Signature of Finance Office Representative Signature of Authorized Representative*

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

**ADDENDUM TO STUDENT ACTIVITY EQUIPMENT**

**CONTRACTOR AGREEMENT BETWEEN**

**STETSON UNIVERSITY, INC. AND .**

 (Equipment Contractor or Company Name)

**Use this section to include or attach additional information, special requests, or EC agreement terms or payment details:**

**Check Here if Information is attached** **[ ]**