

**CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
 VENDOR/CONSULTANT DATA FORM
 4910 N CHESTNUT FRESNO, CA 93726-1852
 (559)278-0850 FAX (559)278-0992**

**This completed form must be current and on file in our office before payment can be made.
 The information you provide will determine the type of payment appropriate for the service provided.**

Section 1 - Must be completed by the requesting CSUF Department Office before forwarding to vendor

Department/Office:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Section 2 - Check One Box Only Vendor (Complete Sec. 2,3,4,5 and 7) Ind. Contractor/Consultant (Complete Sec. 2 thru Sec.7)

Vendor/Consultant Name: <small>Sole Proprietor- Enter owner's full name here</small>	
Mailing Address:	
City, State, Zip Code:	
Telephone Number:	

Section 3 - Vendor Entity Type – Check One Box Only

<input type="checkbox"/> Medical Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Exempt Corporation (Non-profit)	<input type="checkbox"/> Estate or Trust
<input type="checkbox"/> All Other Corporations	<input type="checkbox"/> Individual/Sole Proprietor

You cannot be paid as a consultant if you are an employee of Foundation or an employee of CSUF.

Section 4 - Vendor's Taxpayer I.D. Number

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.	IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR ENTER SSN.

Section 5 - Vendor Residency Status

CHECK APPROPRIATE BOX(ES)
<input type="checkbox"/> California Resident – Qualified to do business in CA or a permanent place of business in CA
<input type="checkbox"/> Nonresident Payments for services by nonresidents may be subject to state withholding
<input type="checkbox"/> Waiver of state withholding from franchise tax board attached
<input type="checkbox"/> Services performed outside of California

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Section 6 – Independent Contractor/Consultant

Type of Service Provided:
List the names of the last three clients for whom you have provided independent contract services.
1. _____
2. _____
3. _____
Insurance Information
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you hire employees? If yes, please attach a copy of current Workers' Compensation policy or insurance certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have liability insurance? If yes, attach a copy of current policy or insurance certificate. If self insured attach a copy of most recent financial statement.
Licensing Information
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the type of work you do involve special licensing (i.e. Business License, Contractor's License, etc.)? License Number: _____

Section 7 - Certifying Signature (Please Read Carefully)

I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.	
I hereby certify under penalty of perjury that I am not a California State University, Fresno or Foundation employee.	
AUTHORIZED VENDOR REPRESENTATIVE NAME TYPE OR PRINT	TITLE
SIGNATURE	DATE