

Facilities & Safety Business Office MINOR PROJECTS SUBMITTALS



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- DIRECT OWNER PURCHASE ORDER DOCUMENTS
- <u>GENERAL INFORMATION</u>
- <u>CONTACT INFORMATION</u>





List of Required Documents

PAYMENT DOCUMENTS

SPECIAL SERVICES DOCUMENTS

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- Additional Services Request Justification Form

MINOR PROJECT PAY APPLICATIONS

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- Change Order Allocation Form

DIRECT OWNER PURCHASE ORDER DOCUMENTS

- Direct Owner Purchase Order Instructions
- <u>Completed Direct Owner Purchase Order Packet</u>
- Direct Owner Purchase Order Request Form
- Direct Owner Purchase Order Information Sheet
- W-9
- Substitute W-9 Form
- Direct Owner Purchase Order Invoice Summary Sheet
- Direct Owner Purchase Order Log

<u>To access all forms click here:</u> <u>http://www.rm.fs.ucf.edu/FSBO/fsbo_forms.html</u>



Payment Documents





Payment Documents: Professional Service Documents







Professional Service Invoice *

- To be completed by Contractor
- 1 ORIGINAL or ELECTRONIC COPY must be submitted to UCF Project Manager
- Original or electronic copy must be signed by Professional and notarized
- Professional Service Invoice is used for the following: Architectural Commissioning Engineering Building Envelope Civil Engineering Threshold Inspection Design Build

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To:	University of Central		Pr	oject Name:	Enter UCF	project sam	e here
	Facilities Planning & Construction		UCF	Project Number:	Enter UCF proj	octnumberhere,	or N/A
	PO Bax 163640		Sequentia	Invoice Number:	Enterinvoicen	umberhere	
	Orlanda, FL 32816-3640			Date:	Enter date here		
From:	Enter firm name here			Project Number:			
	Enter firm address here			Invaice Number:		umberhere	
	Enter firm city/state/sip here		Other Profess	ional Fieldshere:			
	Enter firm phone Number here						
	Enter Federal ID no. here						
	Enter contact person name here						
	Enter contact person phone femail he	oro					
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Click Here Access Form





Additional Services Request Justification Form

- Professional Service providers must request any Additional Service in writing on their company letterhead, and must clearly justify how the added cost is reflective of the actual, additional time expended related to the added project scope.
- To be completed by FP&C Project Manager

	iversity of Central Florida		JUSTIFICATION - Provi	ide a detailed justification	for this Additional Service Request.
	Facilities Planning and Construction				
(UCF Project Manap	RVICE REQUEST JUSTIFICATION FORM er shall provide (certify the following required information)				
oject Name: oject Description:	Date:		FFFECT ON DRO FECT - Dea	wide the office(s) on ones	itions, maintenance, cost and schedule
F Project Manager:	UCF Project Number:			inter one appectical on operation	none, manierance, cost una scontante
hitect/Engineer Firm: stractor/Vendor Name:	A/E PM: C/V PM:				
Services Request No:	Project Completion %:				
t Impact:	Schedule Impact (Days):				
nge Initiated by: F&S: Er	ad User: A/E: Contract	toe:			
NECESSITY - Expl	ain why this Additional Service Request is necessary.				
					Recommend
			UCF Project Manager	Date	Approval
					Recommend
RESPONSIBILITY -	Explain who initiated this Additional Service Request.		Associate Director, FP/RC	_	Approval
			Associate Latector, PPOC	Date	_
					Recommend Approval
			Director, FP&C	Date	- Additional
					Recommend
				Date	Approval
CONTRACT. Endeaude des	Allow I Carta Barra Carta dela actual		Associate Vice President, Administration and Finance (Facilities & Safety)		
CONTRACT - Explain why this	Additional Service Request is not part of the original	Contract.	Associate Vice President, Administration and Finance (Facilities & Safety)		
CONTRACT – Explain why this	r Additional Service Request is not part of the original	Contract.	Administration and Fizance (Facilities & Safety)	ON – State reason for reje	ction, if applicable.
	Additional Service Request is not part of the original and the service Request is not part of the original active to the Additional Service Request is finded.	Contract.	Administration and Fizance (Facilities & Safety)		ction, if applicable.
		Contract	Administration and Fizance (Facilities & Safety)		ction, if applicable.
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		Compare	Adutamble to Pasie 74:016 5 500) REJECTIC	ON – State reazon for reje	JUSTIFICATION FORM

Sample Page 1

Sample Page 2



Payment Documents: Minor Projects Pay Applications



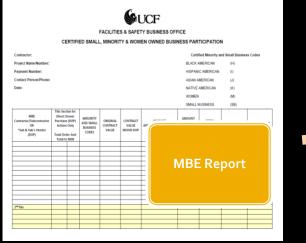


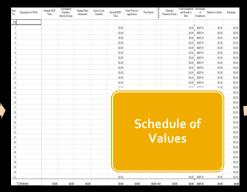


Completed Pay Application

UNIVERSITY OF CENTRAL FLORIDA CERTIFICATE OF PARTIAL PAYMENT

Application No: UCF Proj	ect No: UCF PO No:
Contractor Name:	Project:
Remittance Address:	
Contract Time (calendar days):	No. of Days Elapsed to Date:
	Additions Deductions
Change Orders Approved to Date	
Net Amount of Change Orders	
ORIGINAL CONTRACT SUM	
ADJUSTED CONTRACT SUM	
BALANCE TO FINISH	
COMPLETED TO DATE	
MATERIALS STORED	
TOTAL COMPLETED AND STORED	
LESS RETAINAGE (%)	
TOTAL	
LESS PREVIOUS PAYMENTS	
AMOUNT THIS CERTIFICATE	
<u>CERTIFICATION BY CONTRACTOR</u> : According to the besi face of this Application are correct, that all Work has been peri the Contract, and that all just and lawfall bills against me an my Contract have been paid in full in accordance with the terms an Work are licensed according to the requirements of the State of	Certificate of
Date:	Partial Payment
STATE OF FLORIDA, COUNTY OF Subscribed and sworn before me this Notary Public:	
<u>CERTIFICATION OF ARCHITECT/ENGINEER</u> : 1 certify th of my knowledge and belief the showe application is a true stat- site, that all Work and materials included in this Certificate havy formed and materials supplied in full accordance with the terms	
Date:	Architect/Engineer
	Reviewed and recommend for payment by Owner's representative.
Date	





Supporting Documents

Submission to include:

1 Completed Pay Application





UCF Certificate of Partial Payment

- To be completed by Contractor
- Top page of pay application packet
- 1 ORIGINAL or ELECTRNOIC COPY must be attached to pay application
- Original or electronic copy must be signed by Contractor and notarized
- Original or electronic copy must be signed by Architect (if applicable)
- Pay application packet forwarded to UCF Project Manager

pplication No: UCF Pro	ject No:	UCF PO No:
ontractor Name:	Project:	
emittance Address:		
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	Additions	Deductions
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et Amount of Change Orders		
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MOUNT THIS CERTIFICATE		
IR TIFICATION BY CONTRACTOR: According to the best te of this Application are correct, that all Work has been perf Contract, and that all just and lawful bills against me an my mutact have been paid in full in accordance with the terms an ork are licensed according to the requirements of the State of	formed and material supplied in full v Subcontractors for labor and equip ad conditions. I further certify that a	accordance with the terms and conditions of ment employed in the performance of this
ate:	Contractor:	
TATE OF FLORIDA, COUNTY OF	1 0	20
ibscribed and sworn before me this otary Public:	day of Commissions E	
IRTIFICATION OF ARCHITECT/ENGINEER: I certify th my knowledge and belief the above application is a true state e; that all Work and materials included in this Certificate har med and materials supplied in full accordance with the term	ement of the value of the Work perf re been observed by me or by my at	formed and the materials suitably stored on th athorized assistants; that all Work has been
ate:		A 116 - 277 - 1
		Architect/Engineer
	Reviewed and recommend	for payment by Owner's representativ





UCF Certified Small, Minority, & Women Owned Business Participation



FACILITIES & SAFETY BUSINESS OFFICE

CERTIFIED SMALL, MINORITY & WOMEN OWNED BUSINESS PARTICIPATION

(98)

nall Business Codes
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To be completed by contractor

 Must be submitted with the pay application even if a minority is not used

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MBE Contractor/Subcontractor OR *Sub & Sub's Vendor (DOP)	This Sect Direct O Purchase Actions Total Ord Total to)wner : (DOP) : Only ier Amt	MINORITY AND SMALL BUSINESS CODES	ORIGINAL CONTRACT VALUE	CONTRACT VALUE MUNIS DOP	AMOUNT APPROVED/REQUESTED TO DATE	AMOUNT REQUESTED THIS PAYMENT	TOTAL COMPLETED TO DATE	UNCOMPLETED BALANCE	CERTIFICATION AGENCY
2 nd Tier										





Schedule of Values

- Per approved GMP values, initial completed schedule must be sent via email to the Business Office
- Must be submitted with Pay Application packet

⇒ This form is not to be altered

11 30	Description of Work	Original GAP Value	Contingency Transfers / Buyout Savings	Change Order Allocations	Line-to-Line Transfers	Revised GMP Value	From Previous Application	This Period	AUDITE	Materials Presently Stored	Total Completed and Stored to Date	Percentage of Completion	Balance to Finish	Retainage
7.2														
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Click Here to Access Form: FPC4110





Buyout Savings Form

- Submitted to UCF Project Manager for approval
- Should not be included in Pay Application until officially approved by "signature authorities"
- Must be completed within the first 90 calendar days of the contract unless otherwise approved by FP&C

Buyout Savings	Transfer Form
roject Number:	
roject Name:	
ontractor:	
rchitect/Engineer:	
ate Submitted:	
OS Transfer #:	



Revision #	SOV Section	Line Item #	Desciption of Line Item	Previous SOV	Add/Deduct	Revised SOV	Reason For Transfer	
1 Add						\$ 0.00		
1 Deduct						\$ 0.00		
2 Add						\$ 0.00		
2 Deduct						\$ 0.00		
3 Add						\$ 0.00		
3 Deduct						\$ 0.00		
	-	_			1		1	
4 Add	_					\$ 0.00		
4 Deduct						\$ 0.00		
							1	
5 Add	_					\$ 0.00		
5 Deduct	_					\$ 0.00		
6 Add	1	_					1	
6 Deduct						\$ 0.00 \$ 0.00		
o Deduct						\$ 0.00		
TOTAL				\$ 0.00	\$ 0.00	\$ 0.00	1	
IOTAL				\$ 0.00	\$ 0.00	\$ 0.00]	
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Contractor Agent's N						-	UCF Project Manager Signature	Date.
Contractor Agent 514	ame organi	ure					CCI Hojeet Manager Signature	
				Date:				Date:
Architect or Engineer	's Name/Si	mature				-	UCF FP&C Associate Director Signature	
in character of Engineer	o a confidencia	Parrie 6					eer recommender on ector organitate	

Click Here for Form

For further details regarding this form, please see form: UCF Facilities Planning and Construction Financial Procedures





Line to Line Transfer

- Submitted to UCF Project Manager for approval
- Should not be included in Pay Application until officially approved by "signature authorities"

Project Number: Project Name: Contractor: Architect/Engineer: Date Submitted: BOS Transfer #:]					UCF FACILITIES PLANNING AND CONSTRUCTION
Revision #	SOV Section	Line Item #	Desciption of Line Item	Previous SOV	Add/Deduct		Reaton For Transfer
1 Add						\$ 0.00	
1 Deduct						\$ 0.00	
2 Add						\$ 0.00	
2 Deduct						\$ 0.00	
3 Add						\$ 0.00	
3 Deduct						\$ 0.00	
						·	
4 Add						\$ 0.00	
4 Deduct						\$ 0.00	
						•	
5 Add						\$ 0.00	
5 Deduct						\$ 0.00	
6 Add						\$ 0.00	
6 Deduct						\$ 0.00	
TOTAL				\$ 0.00	\$ 0.00	\$ 0.00]
Contractor Agent's Na	ame/Signa	ture				-	UCF Project Manager Signature
Architect or Engineer	's Name/Si	ignature		Date:		-	UCF FP&C Associate Director Signature

-

Click Here for Form

For further details regarding this form, please see form: UCF Facilities Planning and Construction Financial Procedures





ICF FACILITIES PLANNING

Contractor Contingency Transfer Form

Contractor Contingency Transfer Form

Project Number:

- Submitted to UCF Project Manager for approval
- Should not be included in Pay Application until officially approved by "signature authorities"

Project Name: Contractor: Architect/Engineer: Date Submitted:								STRUCTION
BOS Transfer #:]						
Revision #	SOV Section	Line Item #	Desciption of Line Item	Previous SOV	Add/Deduct	Revised SOV	Reason For Transfer	
1 Add						\$ 0.00		
1 Deduct						\$ 0.00		
2 Add						\$ 0.00		
2 Deduct						\$ 0.00		
3 Add						\$ 0.00		
3 Deduct						\$ 0.00		
							1	
4 Add	-					\$ 0.00		
4 Deduct						\$ 0.00		
5 Add	-		Г			\$ 0.00	I	
5 Add 5 Deduct	-		-	-		\$ 0.00		
5 Deduct						\$ 0.00		
6 Add	-					\$ 0.00		
6 Deduct	-					\$ 0.00		
o Deduct								
TOTAL				\$ 0.00	\$ 0.00	\$ 0.00	1	
						0.00	1	
				Date:				Date:
Contractor Agent's Na	me/Signa	ture				•	UCF Project Manager Signature	
	-							
				Date:				Date:
Architect or Engineer	's Name/Si	ignature					UCF FP&C Associate Director Signature	

Click Here for Form

For further details regarding this form, please see form: UCF Facilities Planning and Construction Financial Procedures





Contractor Contingency Request Justification Form

- To be completed by Contractor
- Must be signed by Architect (if applicable)
- Contingency usage must be approved by Project Manager before including in Pay Application packet

	University of Central Florida Office of Facilities Planning and Construction
CONTRACT	OR CONTINGENCY REQUEST JUSTIFICATION FORM Project Manager shall provide/certify the following required information.)
Project Name:	Date:
roject Description:	
JCF Project Manager:	UCF Project Number:
Architect/Engineer Firm:	A/E PM:
Contractor/Vendor Name:	C/V PM:
Change Order Request No: Cost Impact:	Project Completion %: Schedule Impact (Days):
.ost impact:	Schedule Impact (Days):
Change Initiated by: F&S:	End User: A/E: Contractor:
	NECESSITY - Explain why this change is necessary.
	RESPONSIBILITY - Explain who initiated this change.
CONTR	ACT – Explain why this change is not part of the original Contract.
	Tor
	· · · · · · · · · · · · · · · · · · ·
	PAYMENT – Explain how this request is funded.
	PATMENT – Explain how this request is funded.
	PATMENT – Explain how this request is funded.
	PAIMENT – Explain how this request is funded.
JUSI	PATMENT – Explain how this request is funded.
JUSI	
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	TIFICATION - Provide a detailed justification for this change.
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	TIFICATION - Provide a detailed justification for this change.
EFFECT ON PROJEC	TIFICATION - Provide a detailed justification for this change.



Change Order Documents







Construction Contract Change Order

- To be completed by Contractor
- 1 ORIGINAL or ELECTRONIC COPY signed by Contractor and Architect (if applicable)
- Submit to UCF Project Manager
- Additional signature spaces allotted for UCF use

2	CONSTRU	ICTION COP	TRACT CH	ANGE ORDER	
Change No.:				Dete:	
Project:					
rojed No: UOF		A/E Job No:		Federal Project No.	:
vchitecture/Engineer:					
To (Contractor):					
DESCRIPTION OF CHANG				DECREASE	NCREASE
NOTICE TO PROCEED DA	TE: OR	SINAL CONTR	ACT SUM:		
				1	
	Dava	Conciete*	Subtratel	\$0.00	10.00
Contract Time					
Contract Time Present Contract			New (Add) (20000	
				tect Sun	

* SUBSTANTIAL COMPLETION DATE

This Charge Order is an agreement to the Contract Agreement between the Contractor and the Owner, and all contractor provisions shall apply unless apportantly exempted. The encount and time change, includential on the foregoing adjustment in contract frame and contractor for this change. In condisiontian of the foregoing adjustment in contract frame and contract runs, the Contractor hereits between the statest defaults, demands, or causes of action antidig out of the transactions, events and between them all classifies demands, or causes of action antidig out of the transactions, events and between Owner and Contractor with respect to the Compact Oscie. Notice agreements and apply to this contract amendment unless expressing provided herein. This Change Order represents final action pursuant to Section (2015, Floride Scatterias (1975)).

AGREED

CONTRACTOR	DATE	PRESIDENT OR DESIGNEE	DATE
ARCHITECT/ENGINEER	DATE	DRECTOR	DATE
UCF PROJECT MANAGER	DATE	ASSOCIATE DIRECTOR	DATE





Change Order Request Justification Form

- To be attached with Change Order request
- To be completed by Contractor
- 3 ORIGINALS or ELECTRONIC COPIES signed by Contractor and Architect (if applicable)
- Must be signed by Architect (if applicable)
- Back-up documentation must be included with this form

UCF FACILITIES PLANNING AND CONSTRUCTION University of Central Florida Office of Facilities Planning and Construction
CHANGE ORDER REQUEST JUSTIFICATION FORM (UCF Project Manager shall provide/certify the following required information.)
Project Name: Date: Project Description:
UCF Project Manager: UCF Project Manager: UCF Project Manaber: Commotor Vealaby Name: CUP Pad: Commotor Vealaby Name: CUP Pad: Commotor Nealaby Name: CUP Pad: Commotor Nealaby Name: CUP Pad: Commotor Nealaby Name: COMMOTOR Pad: Commotor Nealaby Name: Commotor Nealaby Name: Commo
NECESSITY – Explain why this Change Order Request is necessary.
RESPONSIBILITT – Explain who initiated this Chance Order Respect.
ILLOI ONOLDILII I – LApium wito minutea mis Change Order Request.
CONTRACT – Explain why this Change Order Request is not part of the original Contract.
PATMENT - Explain how this Change Order Request is funded (project contingency, additional funds, etc.).
JUSTIFICATION – Provide a detailed justification for this Change Order Proposal.
EFFECT ON PROJECT - Provide the effect(s) on operations, maintenance, cost, and schedule.
* ·

UCF CHANGE ORDER REQUEST JUSTIFICATION FORM Page 1 of 2





Change Order Allocation Form

- Contractor submits Change Estimate and the Change Order Allocation Form
 - To be approved by Project Manager and FPC Directors
- Approved form to be attached with Change Order request
- Must be signed by Architect (if applicable)
- Back-up documentation must be included with this form

Change Order 2 Project Number: Project Name: Contractor: Architect/Engineer: Date Submitted: BOS Transfer #:	Allocati	on For	m 					ITIES PLANNING CONSTRUCTION
Revision #	SOV Section	Line Item #	Desciption of Line Item	Previous SOV	Add/Deduct	Revised SOV	Reason For Transfer	
1 Add	Secuoli	Item #				\$ 0.00		
1 Deduct						\$ 0.00		
2 Add						\$ 0.00		
2 Deduct						\$ 0.00		
3 Add						\$ 0.00		
3 Deduct						\$ 0.00		
4 Add						\$ 0.00		
4 Deduct						\$ 0.00		
	· · · ·							
5 Add						\$ 0.00		
5 Deduct						\$ 0.00		
	-							
6 Add						\$ 0.00		
6 Deduct						\$ 0.00		
TOTAL						\$ 0.00		
IOTAL				\$ 0.00	\$ 0.00	\$ 0.00	1	
				Date:				Date:
Contractor Agent's Na	ame/Signat	hure					UCF Project Manager Signature	
Architect or Engineer	's Name/Si	gnature		Date:			UCF FP&C Associate Director Signature	Date:



Direct Owner Purchase Order Documents







Direct Owner Purchase Order Instructions



Click Here for Detailed Instructions





oposal

Completed DOPO Packet

Central Florida	D	FACILITIES & SAFETY IRECT OWNER PURCHASE			(s Central Florida	6						
RPO #		Vendor Information		Subcontracto	r Name	Date	University of			W-9 Request f		la a constante	
Vendor Number							Central Florida	FACILITIES & SAFETY BUSINESS OFFI			or Taxpayer ber and Certification	Give Form to the requester. Do not send to the IRS.	
Company Demitterers Address							ГЮЛКА	FACILITIES & SAFETT BUSINESS OFFI	CE .	Name (as shown on your income factorian)			
Remittance Address							DIRECT OWNER P	URCHASE ORDER INFORMATION SHEET		04 Basiness name-through deality name, if different from above			
City State, Zip+4							Please complete and return:			Check appropriate box for fisher of fax classification:	-	Lampions (see inductions):	
Contact Person										8 biddediadiade proprieta C Corporation S Corporation	🗋 Pathentip 🗌 Tractionals	Carrept payso code (if any)	
Phone/Fax#E-Mail							Vendor Name:			a tra	St. S. corporation, P. performant p.	Parenphice those FATCA reporting code of angle	
Project	University of Central	Florida-					DBA Name (if applicable):			Address (number, etc. or suberto.)	Requestor's name	er and address optional	
Item	Quantity	Description	Unit	Price Total	Specific Ser	tion	Federal Employer Identificatio	n Number:		Gity, state, and ZP cody.			
				-						List account number(s) here (optional)			
							Vendor Address:			Part Taxpayer Identification Number (TIN)	Easter Frank	which we have	
				-	-		Contact Person:			Enter your TIN in the appropriate box. The TIN provided must match the n to eroid backup withholding. For individuals, the in your occilia eacurity to resident alies, using proprietor, or damagaride entity, see the Part I instruct	mber (SSN). Hoseover, for a ans on page 3. For other		
							Phone Number:			entities, it is your employer identification number (EIN). If you do not have 7/N on page 3.			
				-	+					Note. If the account is in more than one name, see the chart on page 4 for number to enter.	guidalines on whose Employ	er identifisation namber	
							Fax Number:			Partill Certification			
			PO Am	ount \$0.	00		Email Address:			Under penalties of perjury, I certify that. 1. The number shown on this form is my correct taxpayer identification m.			
			Tax				Supplier's Minority Status:			I am not subject to backup withholding because: (a) I am exampt from Service (IPS) that I am subject to backup withholding as a result of a to no longer subject to backup withholding, and	backup withholding, or (b) I have not bee fure to report all interest or dividends, or	n notified by the internal Revenue (c) the IRS has notified me that I am	
Contractor Signature	(REQUIRED)		Total A	mount \$0	00		Certified by State: County: City:			3 Lans 2015, ditterior or other U.D. present indexed bibling, and the PM ATCA consistence or this from the physical constraints of Certifications instructions. You must cross out like 7 2 dones if you have bibling of the physical constraints and an experimental intervent pixel, expansion or attractional and disclamate, you are not require intervent pixel. The Thir Intervent and disclamate, you are not require sensitive the pixel of the physical and disclamate, you are not require sensitive the pixel of the pixel of the physical and the physical sensitive the pixel of the physical and disclamate, you are not require to the pixel of the physical and disclamate and the physical sensitive the pixel of the physical and the physical and the sensitive the physical and the physical and the physical sensitive the physical and the physical and the physical and the physical sensitive the physical and the physical and the physical and the physical sensitive the physical and the physical sensitive the physical and the physical	een notified by the IRS that you are curre um. For real estate transactions, item 2 o not debt, contributions to an individual e	does not apply. For mortgage stirement amangement (IRA), and	Do
Subcontractor Signatu	re	Date		ques hase	t for Order		Other: Discount: Freight Added: YE	DOPO	on	General Instructions Solitorritoria as to the bitma Derman Code unless otherwise rated. Final development in the TB har created a page on this gap for information advances (rate with P pauli as legations reacted after any time of the period with larger. Purpose of Form Aparam the integration the as Aldemanta when with the DB most development	Andread	dor W-9	
Print Name								Sheet		correct tangager identification number (TR6 to report, for example, income paid to your contractly make to you in sufficient of promett and and third party notation.	A partner United Sty Accentication		
							Comments:			fuenciations, cost estate harmoniciens, mortgage interest you paid, acquarities or band carriert of the sound property, consolidation of deld, or contributions you made to an IPA. Use of early 4 you are a LLS, person including a resulted along, to provide your correct. UNI to the person increaseling if the requested and, when applie dels, its.	A damos Bysecial ru the United T440 on an varbizetherm		
Company Name										 Centry that the TNI you are giving is correct (or you are scaling for a number to be torund). Contry that you are not subject to backup withheiling, or 	the rules uns	the conduction a bade or beginned in the	
Company Name										 Claim examplion from tackup withbuilding if you are a U.S. soumpl payer. If applicable you are also problems that as a U.S. species your allocable there all 	U.S. person that is a partner in a partners Linited States, posside Form W-9 to the p and avoid section 1446 withholding on ye	artisticity to astablish year U.S. status our share of partnership income.	
										any partnership recome from a U.S. back or bonness is not subject to the Cat. N	a 16891X	Form W-9 (Nev. 8-2013)	
	d in this Purcha	se Order shall conform strictly				red by							
(Contractor):			for th	e project know	as:		Completed b	y Date					
(Project Name & UC	F#):												

- Vendor must include the most recent W-9 (or UCF Substitute W-9) for each Direct Owner Purchase Order
- Complete packet to be submitted to the contractor for further processing
- The contractor will prepare a Deductive Change Order to include the DOPO Packet





Direct Owner Purchase Order Request

(Project Name & UCF#):

- Subcontractor to complete the form when Direct Owner Purchase is requested
- Original Contractor signature required
- Contractor is responsible for assigning RPO number located in the upper left-hand corner of form (number will be used as a tracking device and will be listed on Purchase Order)

Central Florida	D	FACILITIES & SAFET			RM		Central Florida
RPO #		Vendor Information		Subo	contractor Nam	1e	Date
Vendor Number							
Company							
Remittance Address							
City State, Zip+4							
Contact Person							
Phone/Fax#/E-Mail							
Project	University of Central	Florida-					
ltem	Quantity	Description		Unit Price	Total	Specific	Section
Contractor Signature			Date	PO Amount Tax Total Amount	\$ 0.00		
Subcontractor Signa	ture	Date		ude the Purchase	e Order Numbe		
			Project Man	iager:			Date
Print Name			Director:				Date
Company Name			Associate V	/.P.:			Date
All materials includ	led in this Purcha	se Order shall conform strict	tly to the requ	uirements of th for the projec		cuments p	repared by





Direct Owner Purchase Order Information Sheet

- Form to be completed by vendor and submitted with the DOPO packet
- Entries must correspond to Information from W-9

Central Florida Facilities & safety Business office
DIRECT OWNER PURCHASE ORDER INFORMATION SHEET
Please complete and return:
DBA Name (if applicable):
Federal Employer Identification Number:
Vendor Address:
Contact Person:
Phone Number:
Fax Number:
Email Address:
Supplier's Minority Status:
Certified by State:
County:
City:
Other:
Discount
Freight Added: YES
Comments:
Completed by Date





Direct Owner Purchase Order Invoice Summary Sheet

- Invoice Summary Sheet required for invoice processing
- Subcontractor to complete and sign then submit to contractor with detailed invoices from vendor
- Contractor to approve and sign then submit to UCF Project Manager.
- UCF Project Manager review, sign and give to Business Office for processing

Florida	FACILITIES & SAFETY BUSINESS OFFICE
INVOIC	E SUMMARY LETTER AUTHORIZING PAYMENT
Project:	
Vendor Name:	
UNIVERSITY OF CENTRA Subcontractor Pay Requisitio Date:	L FLORIDA PURCHASE ORDER NO.
Purchase Order Amount: Previous Amount Paid:	\$ \$ \$
Balance to Finish:	\$
Sales Tax Savings This Perio	od: s
-	ued to date this Purchase Order: \$
Invoice No.	Invoice Date Amount
	\$ \$
	s
	\$
	5
	\$
	\$
All materials for the above in	nvoices has been delivered to the University of Central Florida campus,
in good condition, and is for	use at the University of Central Florida.
Total Invoices This Period: \$	
	e)
Total Invoices This Period: \$ Approved for Payment:	·
Total Invoices This Period: \$ Approved for Payment: (Subcontractor Name	ractor Signature)





Direct Owner Purchase Order Log

 This form can be used to track request for purchase orders (RPO) prior to PO being issued by UCF

# PONOM	VENDOR	DESCRIPTION	ACCT#	YEAR	AMOUNT	ТАХ	TOTAL VALUE	REIMBURSE ON CHANGE ORDER	DATE RPO SENT	COMMENTS
				TOTAL	0.00	0.00	0.00			
									Image: sector of the sector	Image: series Imag





W-9 Form

To be filled out by vendors *

* UCF no longer accepts the older W-9 forms. All contractors are required to submit the current IRS revised form.

Form (Rev. Augu Dopartment Internal Rev	V-9 at 2013) Into the Treasury Innue Service	Request f Identification Num	or Taxpayer ber and Certifi	ication	re	we Form to the quester. Do n and to the IRS
Na	ene (as shown or	your income law relum)				
	aines raneida	egarded entity name, if different from above				
8 6 C	Individual/solo	cox for loderal bas classification: proprietor C Corporation S Corporation y company. Enter the bas classification (C=C corporation		Trust/wildo	Exampl payse	ee instructiona); code (if any) n FATCA reporting
	Other (see ins				code (if any)	
	kirnes (number, a	head, and apt. or suite no.)		Requester's name :	and address (op)	iona)
8 9	ty, state, and ZIP	code		t		
	d account numbe	r(s) here (optional)		I		
Part		er Identification Number (TIN)				
to avoid t resident a ontities, il 71N on pe	backup withhol silan, sole prop t is your employ age 3. he account is in	ropriate box. The TIN provided must match then ting. For individuals, this is your social security nu faith, or disragardad antity, see the Part I instruct or identification number (EIN). If you do not have more than one name, see the chart on page 4 for	mber (SSN). However, to lons on page 3. For othe a number, see How to ge		identification of	-
Part II	Certific	ation			-	
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Substitute W-9 Form

To be filled out by vendors *

* UCF no longer accepts the older W-9 forms. All contractors are required to submit the current IRS revised form.

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General Information







General Information

- Invoices and pay applications shall be received by UCF Business Office once a month
- Items not allowed to be transferred by contingency are:
 - General Liability Insurance
 - Builders Risk
 - Payroll
 - Fee
- When in doubt, always send detailed documentation

- The following are some items not reimbursable (common examples, not limited to):
 - Coffee
 - Paper plates
 - Silverware
 - Styrofoam cups
 - Plastic cups
 - Directory Assistance Calls, Data downloaded, Text messages, Cellphone accessories
 - Late fees
 - Equipment damage
 - Finance charges
 - Travel expenses
 - Refrigerators
 - Flowers
 - Microwaves
 - T-Shirts
 - Pictures
 - Chargebacks
 - Rental protection charges
 - Insurance (any type other than required by contract)
- Please note: The purchase of any equipment (i.e. tools, ladders, computers, tv's. etc.) should contain justification and needs to be discussed with the Project Manager before the purchase in order to determine if the items are reimbursable. Please keep a list of all serial numbers associated with the equipment and provide the list to the PM (1 copy to project accountant). Please be aware that all equipment that is reimbursed by the University, belongs to the University and must be returned to the University once construction has been complete.



Contact Information





Contact Information

Any questions? Contact:

UNIVERSITY OF CENTRAL FLORIDA FACILITIES & SAFETY BUSINESS OFFICE BUILDING 16A P.O. BOX 163640 ORLANDO, FLORIDA 32816-3640 407-823-0372

http://www.rm.fs.ucf.edu/FSBO/fsbo contact us.html

