



UNIVERSITY OF CENTRAL FLORIDA

Facilities & Safety Business Office

MINOR PROJECTS

SUBMITTALS



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List of Required Documents

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- Direct Owner Purchase Order Log

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



UNIVERSITY OF CENTRAL FLORIDA

Payment Documents

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UNIVERSITY OF CENTRAL FLORIDA

Payment Documents: Professional Service Documents

[GO TO LIST](#)



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
- Engineering
- Civil Engineering
- Design Build
- Commissioning
- Building Envelope
- Threshold Inspection


UCF FACILITIES PLANNING AND CONSTRUCTION														
PROFESSIONAL SERVICES INVOICE														
To: University of Central Facilities Planning & Construction PO Box 163640 Orlando, FL 32816-3640			Project Name: Enter UCF project name here UCF Project Number: Enter UCF project number here, or N/A Sequential Invoice Number: Enter invoice number here Date: Enter date here											
From: Enter firm name here Enter firm address here Enter firm city/state/zip here Enter firm phone number here Enter E-mail ID no. here Enter contact person name here Enter contact person phone/fax/email here			Professional's Project Number: Enter project number here Professional's Invoice Number: Enter invoice number here Other Professional Fields here:											
PROFESSIONAL SERVICES	FEE	X COMP	AMOUNT DUE	LESS PREVIOUS LT BILLED	AMOUNT DUE THIS INVOICE	TOTAL PAID								
1			\$ -		\$ -	\$ -								
2			\$ -		\$ -	\$ -								
3			\$ -		\$ -	\$ -								
4			\$ -		\$ -	\$ -								
5			\$ -		\$ -	\$ -								
6			\$ -		\$ -	\$ -								
7			\$ -		\$ -	\$ -								
8			\$ -		\$ -	\$ -								
9			\$ -		\$ -	\$ -								
10			\$ -		\$ -	\$ -								
11			\$ -		\$ -	\$ -								
12			\$ -		\$ -	\$ -								
GRAND TOTALS			\$ -		\$ -	\$ -								
PROFESSIONAL CERTIFIES THAT THE DOCUMENTS RELATED TO THIS INVOICE COMPLY WITH ALL UCF STANDARDS, AND THAT THE CRITICAL NEEDS CHECKLIST HAS BEEN PROVIDED TO UCF FOR REVIEW, IN ACCORDANCE WITH THE AFFILIATED DESIGN PHASE. PROFESSIONAL CERTIFIES THAT THE AMOUNT														
Typed Name of Principal		Signature of Principal		Date										
UNIVERSITY APPROVAL				Date	Initials	Date Stamp for UCF/FAC Use Only								
UCF Project Manager Approval: Services have been rendered or invoiced						<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
Amount invoiced are consistent with Contract														
Critical needs checklist reviewed and acceptable														
Associate Director Facilities Planning and Construction				Invoice Approval										
Director Facilities Planning and Construction				\$0 to \$50,000										
				\$50,000+										

[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

 **UCF FACILITIES PLANNING AND CONSTRUCTION**
University of Central Florida
Office of Facilities Planning and Construction

ADDITIONAL SERVICE REQUEST JUSTIFICATION FORM
(UCF Project Manager shall preverify the following required information)

Project Name: _____ Date: _____
 Project Description: _____
 UCF Project Manager: _____ UCF Project Number: _____
 Architect/Engineer Firm: _____ A/E P.M.: _____
 Contractor/ Vendor Name: _____ C/V P.M.: _____
 Add Services Request No: _____ Project Completion %: _____
 Cost Impact: _____ Schedule Impact (Days): _____

Change Initiated by: F&S: End User: A/E: Contractor:

NECESSITY – Explain why this Additional Service Request is necessary.

RESPONSIBILITY – Explain who initiated this Additional Service Request.

CONTRACT – Explain who this Additional Service Request is not part of the original Contract.

PAYMENT – Explain how this Additional Service Request is funded.

ADDITIONAL SERVICE REQUEST JUSTIFICATION FORM
Page 1 of 2

Sample Page 1

JUSTIFICATION – Provide a detailed justification for this Additional Service Request.

EFFECT ON PROJECT – Provide the effect(s) on operations, maintenance, cost and schedule.

UCF Project Manager: _____ Date: _____ Recommended Approval: Rejected

Associate Director, FP&C: _____ Date: _____ Recommended Approval: Rejected

Director, FP&C: _____ Date: _____ Recommended Approval: Rejected

Associate Vice President, Administration and Finance (Facilities & Safety): _____ Date: _____ Recommended Approval: Rejected

REJECTION – State reason for rejection, if applicable.

ADDITIONAL SERVICE REQUEST JUSTIFICATION FORM
Page 2 of 2

Sample Page 2



UNIVERSITY OF CENTRAL FLORIDA

Payment Documents: Minor Projects Pay Applications

[GO TO LIST](#)



UCF Certificate of Partial Payment

- To be completed by Contractor
- Top page of pay application packet
- 1 ORIGINAL or ELECTRONIC 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

UNIVERSITY OF CENTRAL FLORIDA CERTIFICATE OF PARTIAL PAYMENT

Application No: [] UCF Project 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	[]	[]

CERTIFICATION BY CONTRACTOR: According to the best of my knowledge and belief, I certify that all items and amounts shown on the face of this Application are correct, that all Work has been performed and materials supplied in full accordance with the terms and conditions of the Contract, and that all just and lawful bills against me and my Subcontractors for labor and equipment employed in the performance of this Contract have been paid in full in accordance with the terms and conditions. I further certify that all Subcontractors providing service for the Work are licensed according to the requirements of the State of Florida.

Date: [] Contractor: []

STATE OF FLORIDA, COUNTY OF []

Subscribed and sworn before me this [] day of [] 20[]

Notary Public: [] Commissions Expires: []

CERTIFICATION OF ARCHITECT/ENGINEER: I certify that I have checked and verified this Progress Payment Application, that to the best of my knowledge and belief the above application is a true statement of the value of the Work performed and the materials suitably stored on the site, that all Work and materials included in this Certificate have been observed by me or by my authorized assistants; that all Work has been found and materials supplied in full accordance with the terms of this Contract, and I approve for payment the amount noted above.

Date: [] Architect/Engineer []

Reviewed and recommend for payment by Owner's representative.

Date: [] []

[Click Here for Form](#)



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

Item No.	Description of Work	Original GMP Value	Contingency Transfer/ Budget Savings	Change Order Allocations	Line-to-Line Transfers	Revised GMP Value	From Previous Application	This Period	AUDITED	Materials Presently Stored	Total Completed and Stored to Date	Percentage of Completion	Balance to Finish	Retainage
7.2														
1						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
2						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
3						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
4						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
5						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
6						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
7						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
8						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
9						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
10						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
11						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
12						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
13						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
14						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
15						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
16						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
17						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
18						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
19						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
20						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
21						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
22						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
23						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
24						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
25						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
26						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
27						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
28						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
29						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
30						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
31						\$0.00					\$0.00	#DIV/0!	\$0.00	\$0.00
7.2 Subtotal		\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	###	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00

[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

Project Number: _____
 Project Name: _____
 Contractor: _____
 Architect/Engineer: _____
 Date Submitted: _____
 BOS Transfer #: _____

UCF FACILITIES PLANNING AND CONSTRUCTION

Revision #	SOV Section	Line Item #	Description 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	
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 Name/Signature _____ Date: _____ UCF Project Manager Signature _____ Date: _____
 Architect or Engineer's Name/Signature _____ Date: _____ UCF FP&C Associate Director Signature _____ Date: _____

[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"

Line to Line Transfer Form

Project Number: _____
 Project Name: _____
 Contractor: _____
 Architect/Engineer: _____
 Date Submitted: _____

BOS Transfer #: _____

 **UCF** FACILITIES PLANNING AND CONSTRUCTION

Revision #	SOV Section	Line Item #	Description 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	
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 Name/Signature _____ Date: _____ UCF Project Manager Signature _____ Date: _____
 Architect or Engineer's Name/Signature _____ Date: _____ UCF FF&C Associate Director Signature _____ Date: _____

[Click Here for Form](#)

For further details regarding this form, please see form: [UCF Facilities Planning and Construction Financial Procedures](#)




Contractor Contingency Transfer Form

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

Contractor Contingency Transfer Form

Project Number: _____
 Project Name: _____
 Contractor: _____
 Architect/Engineer: _____
 Date Submitted: _____
 BOS Transfer #: _____

 **UCF** FACILITIES PLANNING AND CONSTRUCTION

Revision #	SOV Section	Line Item #	Description 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	
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 Name/Signature _____ Date: _____ UCF Project Manager Signature _____ Date: _____
 Architect or Engineer's Name/Signature _____ Date: _____ UCF FP&C Associate Director Signature _____ Date: _____


[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

 **UCF** FACILITIES PLANNING AND CONSTRUCTION
University of Central Florida
Office of Facilities Planning and Construction

CONTRACTOR CONTINGENCY REQUEST JUSTIFICATION FORM
(UCF Project Manager shall provide/certify the following required information.)

Project Name: _____ Date: _____
 Project Description: _____

UCF Project Manager: _____ UCF Project Number: _____
 Architect/Engineer Firm: _____ A/E PM: _____
 Contractor/Vendor Name: _____ C/V PM: _____
 Change Order Request No: _____ Project Completion %: _____
 Cost 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.

CONTRACT – Explain why this change is not part of the original Contract.

PAYMENT – Explain how this request is funded.

JUSTIFICATION – Provide a detailed justification for this change.

EFFECT ON PROJECT – Provide the effect(s) on operations, maintenance, cost, and schedule.

CONTRACTOR CONTINGENCY REQUEST JUSTIFICATION FORM
Page 1 of 2

[Click Here for Form](#)



UNIVERSITY OF CENTRAL FLORIDA


Change Order Documents

[GO TO LIST](#)



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 exactly the following required information.)

Project Name: _____ Date: _____
 Project Description: _____

UCF Project Manager: _____ UCF Project Number: _____
 Architect/Engineer Firm: _____ A/E P.M.: _____
 Contractor/Vendor Name: _____ C/V P.M.: _____
 Change Order Request No.: _____ Project Completion %: _____
 Cost Impact: _____ Schedule Impact (Days): _____

Change Initiated by: F&S: End User: A/E: Contractor:

NECESSITY – Explain why this Change Order Request is necessary.

RESPONSIBILITY – Explain who initiated this Change Order Request.

CONTRACT – Explain why this Change Order Request is not part of the original Contract.

PAYMENT – 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

[Click Here for Form](#)




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 Allocation Form

Project Number: _____
 Project Name: _____
 Contractor: _____
 Architect/Engineer: _____
 Date Submitted: _____
 BOS Transfer #: _____

 **UCF** FACILITIES PLANNING AND CONSTRUCTION

Revision #	SOV Section	Line Item #	Description 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	
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 Name/Signature _____ Date: _____ UCF Project Manager Signature _____ Date: _____
 Architect or Engineer's Name/Signature _____ Date: _____ UCF FP&C Associate Director Signature _____ Date: _____

[Click Here for Form](#)



UNIVERSITY OF CENTRAL FLORIDA

Direct Owner Purchase Order Documents

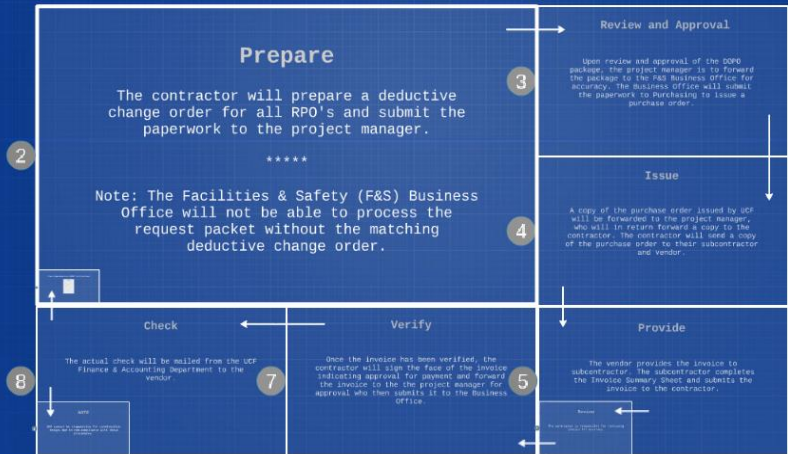
[GO TO LIST](#)



Direct Owner Purchase Order Instructions



DIRECT OWNER PURCHASE ORDER BLUE PRINT

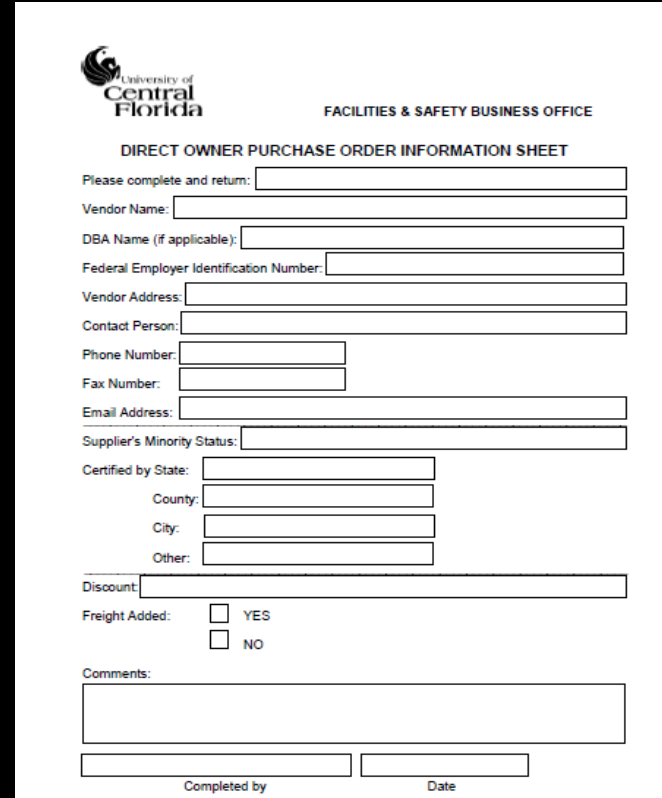


[Click Here for Detailed Instructions](#)



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



The form is titled "DIRECT OWNER PURCHASE ORDER INFORMATION SHEET" and is from the "FACILITIES & SAFETY BUSINESS OFFICE" at the University of Central Florida. It contains the following fields:


- Please complete and return: []
- Vendor Name: []
- 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 NO
- Comments: []
- Completed by: []
- Date: []

[Click Here for Form](#)



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



University of Central Florida
FACILITIES & SAFETY BUSINESS OFFICE

INVOICE SUMMARY LETTER AUTHORIZING PAYMENT

Project:

Vendor Name:

UNIVERSITY OF CENTRAL FLORIDA PURCHASE ORDER NO.

Subcontractor Pay Requisition No.

Date:

Purchase Order Amount: \$

Previous Amount Paid: \$

Amount this Period: \$

Balance to Finish: \$

Sales Tax Savings This Period: \$

Total Sales Tax Savings accrued to date this Purchase Order: \$

Invoice No.	Invoice Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

All materials for the above invoices 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: \$

Approved for Payment:
(Subcontractor Name)

(Authorized Subcontractor Signature)

Construction Manager Approval:

To be completed by Subcontractor

3528 North Pegasus Loop • P.O. Box 163000 • Orlando, FL 32816-3000 • (407) 823-2160 • FAX (407) 823-5141
An Equal Opportunity and Affirmative Action Institution

[Click Here for Form](#)



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 W-9
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name (unincorporated entity name, if different from above)

Check appropriate box for federal tax classification:
 Individual sole proprietor S Corporation Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (LLC, S corporation, S-S corporation, P, partnership) Other (see instructions)*

Exemptions (see instructions)
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.) _____
 City, state, and ZIP code _____
 Tax account number(s) here (optional) _____

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
 _____ - _____ - _____

Employer identification number
 _____ - _____

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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, and
- I am a U.S. citizen or other U.S. person (as defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 have 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 secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here _____ Signature of U.S. person* _____ Date # _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRSpaper for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct for you are waiting for a number to be issued.
2. Certify that you are not subject to backup withholding, or
3. Check exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trust or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct.

Notes. If you are a U.S. person and a requester gave you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to the Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partner's share of effectively connected taxable income from such business. If FATCA in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

OMB No. 1545-0047 Form **W-9** (Rev. 8-2013)

[Click Here for Form](#)



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.

[Reset](#)



University of Central Florida
Request for Taxpayer Identification and Certification
(Substitute for IRS Form W-9)

Name (as shown on your income tax return)

Business name(s) (including any trade name, if different from above)

Check appropriate box for federal tax classification (required):

Individual proprietor S Corporation Partnership Trust/estate Other (see instructions)

Limited liability company. Enter the tax classification (S-C corporation, S-S partnership) _____

Other (see instructions)

Exemptions (see instructions)
Exempt person code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.) Requester's name and address
University of Central Florida
CACH Research Parkway, Suite 300
Orlando, FL 32816

City, state, and zip code

Last account number(s) (see optional)

Are you, or any of your controlling members current or former employees of the University of Central Florida? Yes No

If yes, please provide name and position at the University:

Please check all that apply to your business:
 Small Business Minority-Owned Disabled Veterans-Owned Business Enterprise Women-Owned
 Veterans-Owned Business Enterprise No If yes, please provide a copy of the certification with this W-9.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 4 of the instructions. Note: If the account is in more than one name, see the chart in the instructions for guidelines on whose number to enter.

Social security number
 Employer identification number

Part II Contact Information

Primary Vendor Contact Title

Tax Correspondence Address Residence Address if Different

Phone Number Fax Number

Email Address

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am acting for a number to be treated as mine), and
- I am not subject to backup withholding, or (b) I am exempt from backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (see instructions).
- The FATCA code entered on this form (if any) including that I am exempt from FATCA reporting is correct.

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 have 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 development of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions.

Signature of U.S. person Date

Per Florida Statute 119.71(5), UCF is required to notify individuals of the circumstances that require or authorize the collection and use of social security numbers ("SSN"). UCF is requesting the information above, as required for income tax reporting purposes.

[Click Here for Form](#)



UNIVERSITY OF CENTRAL FLORIDA

General Information

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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
- **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.
- 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)



UNIVERSITY OF CENTRAL FLORIDA

Contact Information

[GO TO LIST](#)



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

HOME