



UNIVERSITY OF CENTRAL FLORIDA

Facilities & Safety Business Office

MAJOR PROJECTS

SUBMITTALS



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List of Required Documents

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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 Federal 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 Field here:			
PROFESSIONAL SERVICES	FEE	% 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						
Type of Principal		Signature of Principal		Date		
UNIVERSITY APPROVAL				Date	Initials	Date Stamp for UOFFP&C Use Only
UCF Project Manager Approval: Services have been rendered as invoiced						
Amounts 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+		
revised 05/15/07						

[Click Here to 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 had previously sent 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 why 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: Major 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 material supplied in full accordance with the terms and conditions of the Contract, and that all just and lawful bills against me as any 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 G/EP Value	Contingency (Amount) / Buyout Savings	Change Order Allocations	Line-to-Line Transfers	Revised G/EP 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](#)



License Package Sheet

- Should be provided by Contractor as sub-contracts are finalized
- Updated as needed to confirm all sub license are valid


 FACILITIES & SAFETY BUSINESS OFFICE
 LICENSE PACKAGE

TYPE	SUBCONTRACTOR	ITEM # (SOV)	TRADE (SOV)	LICENSE			Exp Date
				Bus.	Priv.	Ins.	
General Contractor							
Sitework Contractor							
Concrete Contractor/Formwork							
Concrete Contractor/Lightweight							
Masonry Contractor							
Misc. Metals Contractor							
Millwork Contractor							
Roofing Contractor							
Windows Contractor							
Finishes Contractor							
Paint Contractor							
Flooring Contractor							
Specialties Contractor							
Conveying Systems Contractor							
Mechanical Contractor							
Fire Protection Contractor							
Electrical Contractor							
Balcony Paver Contractor							
Interior Windows Contractor							
Door and Hardware Installation Contractor							
Elevator							
HVAC							
Waterproofing							
Plumbing							
Temporary Fencing							
Sprinkler/Alarm							
Demolition							

[Click Here for Form](#)



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"

 **UCF** FACILITIES PLANNING AND CONSTRUCTION

Contractor Contingency Transfer Form

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

BOS Transfer #: _____

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 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 COPY 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 entity 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

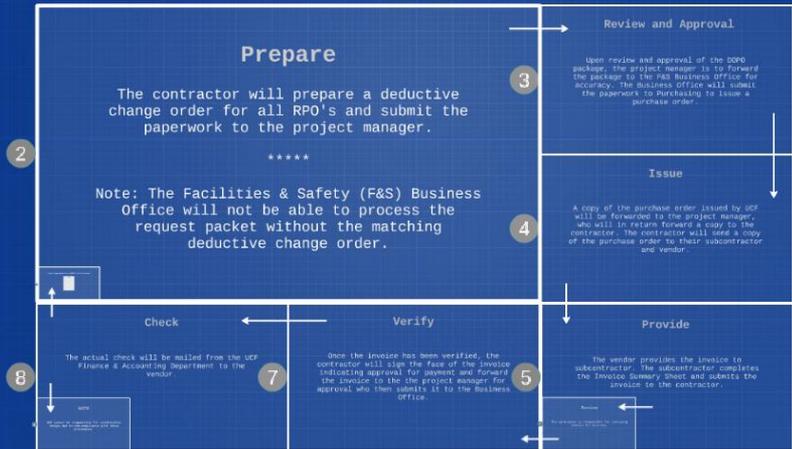
[GO TO LIST](#)



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 screenshot shows a form titled "DIRECT OWNER PURCHASE ORDER INFORMATION SHEET" from the University of Central Florida's Facilities & Safety Business Office. The form includes fields for Vendor Name, DBA Name, Federal Employer Identification Number, Vendor Address, Contact Person, Phone Number, Fax Number, Email Address, and Supplier's Minority Status. It also has sections for location (Certified by State, County, City, Other), Discount, and Freight Added (YES/NO). A large text area for comments is provided, along with fields for "Completed by" and "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.

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

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requestor. 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 Partnership Trust/estate Exemptions (see instructions)

Limited liability company. Enter the tax classification (LLC corporation, S-S corporation, P-partnership) Exempt payee code (if any)

Other (see instructions) * Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.) Requestor's name and address (optional)

City, state, and ZIP code

List account number(s) here (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.

Note. 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 requestor) and, when applicable, to:

1. Certify that the TIN you are giving is correct for you as waiting for a number to be issued.
2. Certify that you are not subject to backup withholding, or
3. Check exemption here 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

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 partners' 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.

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.

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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) (include all entities owned, if different from above)

Check appropriate box for federal tax classification (required):
 Individual sole proprietor S Corporation Partnership Trust/estate
 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 (include street, street apt. or suite no.)
 City, state, and zip code

Requester's name and address
 University of Central Florida
 CACH Research Parkway, Suite 300
 Orlando, FL 32816

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	Remittance 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.

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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)



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Contact Information

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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

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