

Foreign Vendor Information:
 Check here if this is a blanket activity/request

Please complete this form for all Foreign National Vendors who are non-UCF employees and non-students. All applicable questions below must be answered. The form should be completed before a vendor number can be created. All information requested will allow for a timely and accurate withholding analysis by the International Services Center's (ISC) Employment and Taxation Unit. Note: The vendor may have to complete a separate Foreign National form that will be e-mailed directly to the vendor after the ISC's review of the information below.

Vendor/Traveler Name: _____ Department: _____

Co. Name if Applies: _____ Dept. Contact: _____

Vendor E-mail Address: _____ Dept. Phone: _____

Vendor Phone: _____ Date(s) of Activity: _____

Foreign Address: _____ Visa/Waiver Type for Activity Dates: _____

Foreign City & State: _____ Est. Amount: _____

Vendor Country: _____

Business purpose of the expense, such as interview, lecturing, consulting, research, etc: _____

Is the payee a permanent resident of the U.S. (green card holder)? Yes No

If yes, please skip the remaining questions, sign and date form, and submit form to ISC with copy of payee's permanent resident card. If no, please proceed with the questions and instructions below.

Will payment be processed via Invoice Transmittal? Yes No If yes, please list UCF traveler _____

Will reimbursement be done with a PCARD? Yes No

Did the funds for the payment originate from a foreign source (grants only)? Yes No

Only for Non-U.S. Citizens: Check all that apply & SIGN FORM before forwarding

	Yes	No	N/A
1. Will the vendor have either an H1-B, B1, B2, WB, WT, TN, F1, or J1 Visa in order to be eligible to receive payment for activities performed in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the payment be exclusively for travel or lodging reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the payment be exclusively for travel or lodging reimbursement for a job interview at the university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you answered <u>Yes</u> to questions 1 and 2 or 1 and 3 above, please stop here and sign this form to confirm that all travel reimbursements were done according to the UCF Travel Manual and State Statute Sec. 112.061 (3)(a). Please attach copies of the vendor's visa and I-94 Card. By signing, you also confirm that proof of the business purpose, expense substantiation, such as receipts, and proof of repayment of unused advancement are available for review.</p>			
4. Will payment be for royalties or licensing agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the payment be for Honorarium? (9/5/6 rules apply & verification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

University of Central Florida—International Services Center

Departmental Foreign Vendor Form (Continued)

If you answered **Yes** to question 5 above, additional information or forms may be required due to 9/5/6 rules.

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|---|--------------------------|--------------------------|--------------------------|
| 6. Will the vendor be physically in the U.S. for less than 31 days during the entire current calendar year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the activity being performed entirely outside the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **Yes** to both questions 6 and 7, please stop here, sign this form, and forward it to the ISC.

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|--|--------------------------|--------------------------|--------------------------|
| 8. Is the contract with a Foreign National entity such as a corporation, instead of an individual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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If you answered **Yes** to question 8 above, please answer only these remaining questions 13, 14, 15 and 16.

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|---|--------------------------|--------------------------|--------------------------|
| 9. Will the individual vendor be applying a treaty from his or her country of residence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the individual vendor have a U.S. Social Security Number (SSN) or Individual Tax Identification Number (ITIN)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- If you answered No to either question 9 or 10 above, generally UCF will have to apply a 30% withholding amount to all payments in accordance with IRS regulations.**
- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 11. Will the individual who will be performing the activity be someone other than the individual receiving the payment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Will the individual who will be performing the activity be someone other than who the agreement or contact is with? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Only for Non-U.S. Entities (Foreign Corporations): Check all that apply

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 13. Will the entity vendor be applying a treaty from its country of residence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the entity vendor have a U.S. Employer Identification Number (EIN)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- If you answered No to either question 13 or 14 above, generally UCF will have to apply a 30% withholding amount to all payments in accordance with IRS regulations.**
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|--|--------------------------|--------------------------|--------------------------|
| 15. Does the entity vendor have a permanent establishment in the U.S. where income is generated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the entity have any other individuals that could be chosen to perform the exact service you are requiring of this vendor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dept. Rep Name: _____ Date: _____

Signature: _____

For ISC Staff Only:

Completed Form Received From: _____ Date: _____

Reviewed by: _____ Date: _____

Vendor No: _____ PID No: _____

PCard Approved for Activity Yes No