



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 UCF Global's 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 UCF Global'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 UCF Global 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

- 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.?
2. Will the payment be exclusively for travel or lodging reimbursement?
3. Will the payment be exclusively for travel or lodging reimbursement for a job interview at the university?
4. Will payment be for royalties or licensing agreements?
5. Will the payment be for Honorarium? (9/5/6 rules apply & verification)
6. Will the vendor be physically in the U.S. for less than 31 days during the entire current calendar year?

Table with 3 columns: Yes, No, N/A. Rows correspond to questions 1-6.



- 7. **Is the activity being performed entirely outside the U.S.?**
If you answered Yes to both questions 6 and 7, please stop here, sign this form, and forward it to UCF Global.
- 8. **Is the contract with a Foreign National entity such as a corporation, instead of an individual?**
If you answered Yes to question 8 above, please answer only these remaining questions 13, 14, 15 and 16.
- 9. **Will the individual vendor be applying a treaty from his or her country of residence?**
- 10. **Does the individual vendor have a U.S. Social Security Number (SSN) or Individual Tax Identification Number (ITIN)?**
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?**
- 12. **Will the individual who will be performing the activity be someone other than who the agreement or contact is with?**

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)?
If you answered <u>No</u> 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 UCF GLOBAL STAFF ONLY

Completed Form Received From: _____ Date: _____

Reviewed by: _____ Date: _____

Vendor No: _____ PID No: _____

PCard Approved for Activity Yes No