

Item Reviewer/Writer Expense-Reimbursement Instructions

These instructions are provided so we can efficiently and fairly reimburse you and/or your local school district for participation in technical-testing project item writing. Please make sure you register online using the CETE -provided website link from your invitation rather than informing the ODE Program Specialist. Instructions are divided into hotel accommodations, meals, and substitute reimbursement.

Substitute



If you used a school credit card to pay for your lodging and/or meal, your school will need to submit an invoice and the original hotel bill and meal receipts to us for reimbursement of those expenses.

We will reimburse your school for the actual cost of a substitute teacher hired to work for the days you are at the workshop (up to \$150 per day). The following requirements apply:

1. Invoice for actual cost of a substitute/school paid expenses must be submitted on school letterhead (sample invoice attached).

2. Vendor-setup form must be submitted to CETE by your school to:

CETE Business Office, 1900 Kenny Road, Columbus OH 43210

Hotel Accommodations



If you personally paid for your lodging, we will reimburse you up to \$150 per night (total including taxes). Please ask for the OSU rate, which generally means we receive a negotiated rate for OSU guests. We will reimburse you for the hotel cost the night before a workshop day if you live 60 miles or more from the workshop site. This reimbursement is contingent upon two requirements:

1. Original hotel bill showing a zero balance must be submitted to CETE.

2. Vendor-setup form must be submitted to CETE (attached).

Meals



We will reimburse you for one dinner per overnight stay, up to \$28 including tip (OSU per-diem guidelines). This reimbursement is contingent upon:

1. Original itemized meal receipt detailing what you ordered must be submitted to CETE (no alcohol reimbursements allowed); maximum tip allowed is 20%.

2. Vendor-setup form must be submitted to CETE (attached).

We will email you a travel form. Please sign and return all pages to us via 1) fax 614-292-3742; 2) email dotson.121@osu.edu; or 3) return using the above mail address.

Hotel/meal reimbursements submitted after 60 days will not be reimbursed.

Please allow 3-4 weeks after you have faxed your expense form to our office to receive a check from the university.



THE OHIO STATE UNIVERSITY

CENTER ON EDUCATION AND
TRAINING FOR EMPLOYMENT



Item Writing Workshop Expense Form

- DO NOT** request payment or reimbursement from CETE.
- DO** request payment or reimbursement from CETE. To receive payment or reimbursement for any expenses associated with participation in the item writing workshop, submit this form, Vendor Setup Form (one per person), and other required forms as indicated by your facilitator.

Traveler Information

Name	Street Name	City	State	Zip
Home Address				
Phone		Email Address		
Departure Date		Departure Time		
Return Date		Return Time		

Substitute Reimbursement

A payment for the actual cost of providing a substitute teacher (up to \$150 per day) is available to the school.

Required Forms: Invoice and Vendor Setup Form Completed by your School

-OR-

A stipend payment of \$150 per day per workshop is available to high school teachers for your participation if you are attending the workshop on a non-school day in which you are in a non-paid status (e.g., summer break or spring break).

Required Forms: Vendor Setup Form Completed by You

Check the Appropriate Box for the following:

- My school will submit an invoice to cover expenses associated with my absence from school.
- I request a stipend for my participation (only for high school teachers during non-paid breaks)
- I request direct reimbursement for my Lodging and Dinner (\$28/night with itemized meal receipts)

Note: Mileage Expenses not reimbursable to individual

Lodging

Required forms: Original lodging receipt (must show a \$0 balance) and Vendor Setup Form. If you used a school credit card or school paid directly for lodging, the school must submit an invoice for reimbursement with the original hotel bill and a completed AP Compliance form filled out by the school attached.

- I live more than 60 miles from CETE I will request lodging reimbursement for one or more nights.
- I live more than 60 miles from CETE and my school will request lodging reimbursement for one or more nights.

Form for Individual

INSTRUCTIONS:

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

- Fill out all the information that applies to you/your business.
 ("Individuals" only fill out page 1)
- See Instruction pages for full details.
- Submit this completed form to your University contact.

Vendor Setup Form

Page 1: IRS Substitute W9

General Information

Fill out all information that applies to you and/or your business.

OSU Employee Yes No

Individual Name*(First/Middle/Last)

OR

Legal Business Name*

(*As shown on your federal income tax return)

Business name/disregarded entity name (if different from above)

Address

City **State** **County** **ZIP code**

Phone **FAX** **General E-mail**

Remit To Address (if different from above)

City **State** **ZIP code**

Foreign Address (Required for Non-Resident Alien)

City **State/Province/Region** **Postal Code/Country**

Federal Tax Classification

Select ONE Classification and provide all other applicable information.

Individual* **Date of Birth (MM/DD/YYYY)**

*ONLY FILL OUT PAGE 1

Required by State Law ____/____/____

Select type: US Citizen Resident Alien* Non-resident Alien*- Country of Citizenship: _____
 *Additional documentation may be required. See instructions for details.

Sole Proprietor **Date of Birth (MM/DD/YYYY)**

Required by State Law ____/____/____

C Corporation S Corporation Partnership Trust/estate

LLC= C Corporation LLC= S Corporation LLC= Partnership Other List type

Government/ Tax exempt agency Exemption from **FATCA:** Reporting code (if Any) Exempt payee code (if Any)

Taxpayer Identification Number

Select ONE and complete box below.

Federal Employer Identification Number (FEIN)

OR

US Social Security Number

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Certification

Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting, and that the information shown on this form is correct to my knowledge. I am a U.S. citizen or other U.S. person as defined in IRS Form W-9 Instructions.

I certify that I have read and understand The Ohio State University Wexner Medical Center's [Vendor Interaction Policy](#), and will abide by it.

Print Name **Date**

Signature (Original Ink Only) **Title**

Vendor Setup Form Instructions

Thank you for your interest in The Ohio State University. This form is used to add a new vendor to the vendor database, or to change information to an existing vendor. Purchase orders and payments can only be issued for vendors that are in the database. We have provided this information to assist you in completing the required University form.

Return the completed form to your University contact. (Page 1 and 2 only)

All information on this form is required unless noted.

Note: If the tax classification of "Individual" is selected, complete only page 1. All others must complete both page 1 and 2.

Page1: IRS Substitute W-9

Page 1 of this form is a Substitute W-9. Per the IRS, "If you are a U.S. person and a requester gives 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 this Form W-9." (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)

General Information	
OSU Employee	Check YES or NO if you are currently an OSU employee. If you select yes, you will be contacted for further information.
Individual or Legal Business Name	Enter the complete Individual or Legal business name. This is the name used with the IRS.
Business/Disregarded entity name (DBA)	Enter if applicable. (DBA= Doing Business As) certain vendors may use a business name that is different than the name they use with the IRS.
Addresses	Enter all applicable addresses: Address-Payee's residence or Order-to location. Remit To Address- Address where payment should be sent. Foreign Address- Required for all Non-resident Aliens; must include US address if currently residing in the US.
Phone/Fax/Email	Enter all information.
Federal Tax Classification	
Tax Classification	Check the appropriate box (as defined by the IRS. Reference IRS form W-9 Specific instructions, Page 2, Name.) <ul style="list-style-type: none"> • Individual*: If you are an individual, also provide your date of birth *You only need to fill out page 1 of the form <ul style="list-style-type: none"> ○ Check one of the following as it pertains to you: <ul style="list-style-type: none"> ▪ US Citizen ▪ Resident Alien ▪ Non-Resident Alien: provide your country of citizenship. If already in the US or coming to the US, provide copy of your passport and proof of visa type. You may be contacted for further information. • Sole Proprietor: provide your date of birth • Other: provide tax classification if not listed on form • FATCA: http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA <ul style="list-style-type: none"> ○ Enter your reporting and exempt payee code (if applicable)
Taxpayer Identification Number	
Enter the IRS issued Federal Employer Identification Number (FEIN) or a Taxpayer Identification Number (TIN). Individuals must list their Social Security Number (SSN). This will be a nine digit number.	
Certification	
Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time.	

Sample Invoice for Lodging Paid by School Reimbursement

Jackson Career Center 123
Dupont Circle
Sidney, OH 12345
413-123-4567

Lodging expenses while Blaire Wilson while participated in the Early Childhood Item Review
January 24-25, 2013

(Hotel cost per night) for 1 or 2 nights for a total of \$150.00 or 2 Days for a total of \$300.00

Attachment
Vendor Setup Form
Original Hotel Bill

Sample Invoice for Substitute Reimbursement

Jackson Career Center 123
Dupont Circle
Sidney, OH 12345
413-123-4567

Cost of substitute teacher for Blaire Wilson while he was participating in the Early Childhood Item Review January 24-25, 2013 up to \$150 per day for 1 Day for a total of up to \$150.00 or 2 Days for a Total of up to \$300.00

Attachment
Vendor Setup Form

INSTRUCTIONS:

The Ohio State University, Office of Sponsored Programs and The Ohio State University Wexner Medical Center require this form for all vendors (Individuals excluded)

- Fill out all the information that applies to you/your business.
- Submit this completed form to your University contact.

Vendor Setup Form

Page 2: Vendor Profile and Business Status Certification

Business Information

Individual Name* (First/Middle/Last)
OR
Legal Business Name*
(*As shown on your federal income tax return)

Business name/disregarded entity name (If different from above)

Contact Person, Title	Website
DUNS Number	Standard F.O.B.

Check all that apply:

Government	Construction	Distributor (Whole Sale Trade)	Educational Institution
Other _____	Manufacturer	Non-Profit	Retailer
	Foreign (Foreign entities are required to provide an appropriate W-8 form)		
	Place of performance: United States	Other Location: _____	

Payment Information

See Instruction page 4 for further details

Payment Method:
[OSU EFT Form](#) or [OSUWMC EFT Form](#)

Federal Supplier Certifications US-based Suppliers Only

Complete the following section with classification status as defined in [Federal Acquisitions Regulations](#) (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: <https://sam.gov/portal/public/SAM#1#1SAM>

Check all that apply:

Small Business: Number of Employees _____	Large Business		
Woman-Owned Business	Veteran-Owned Business	Service-Disabled Veteran	Disadvantaged Business (Minority)
Located in Hub zone	Alaska Native Corporations and Indian Tribes	Historically Black Colleges & Universities/ Minority-based Institutions	

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete the following section for all applicable Ohio supplier certifications below; see <http://thinkohiofirst.ohio.gov/>.

Minority Business Enterprise (MBE). See <http://das.ohio.gov/edu/eod/eodmbeoff.htm> to verify status and attach your current MBE certification letter.

Encouraging Diversity Growth & Equity (EDGE). See <http://das.ohio.gov/eod/Edge/Index.htm> to verify status/ attach your current EDGE certification.

Ohio-Based Suppliers reference Buy Ohio ([Ohio Revised Code](#) Sections 125.09 and 125.11).

No Findings for Recovery: The Supplier warrants that it is or is not subject to any "unresolved" finding for recovery under Ohio Revised Code Section 9.24.

Name of County where business is located: _____

Certification

Under penalties of perjury, I certify that the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees which include The Ohio State University. Section 2921.42 of the Ohio revised code prohibits public employees and their families from contracting with The Ohio State University in most instances. I also certify that the company is not debarred in accordance with Federal Acquisition Regulation (FAR) Section 9.4 from receiving federally funded procurements and I certify that the company has no "unresolved findings for recovery" under Ohio Revised Code Section 9.24.

Also, by signing below, the company agrees with The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available online at: <http://osp.osu.edu/documents/purchasing/OSURFTermsAndConditions.pdf> and/or

The Ohio State University Purchasing Department standard PO terms and conditions available online at:

http://purchasing.osu.edu/FileStore/PDFs/OSU_TermsAndConditions.pdf and/or

The Ohio State University Wexner Medical Center standard PO terms and conditions available online at:

http://medicalcenter.osu.edu/SiteCollectionDocuments/ematerials/OSUHS_PO_Terms_and_Conditions.pdf

*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.

Print Name	Title
Signature (Original Ink Only)	Date

The Ohio State University reserves the right to request information concerning, but not limited to: financial status of applicant, business references, names of principal shareholders of corporation, and equal employment opportunity compliance.

*If you do not respond to inquiries for the above information, your name may be removed from our supplier database.

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Return the completed form to your University contact. (Page 1 and 2 only)

All information on this form is required unless noted.

Note: If the tax classification of "Individual" is selected, complete only page 1. All others must complete both page 1 and 2.

Page1: IRS Substitute W-9

Page 1 of this form is a Substitute W-9. Per the IRS, "If you are a U.S. person and a requester gives 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 this Form W-9." (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)

General Information	
OSU Employee	Check YES or NO if you are currently an OSU employee. If you select yes, you will be contacted for further information.
Individual or Legal Business Name	Enter the complete Individual or Legal business name. This is the name used with the IRS.
Business/Disregarded entity name (DBA)	Enter if applicable. (DBA= Doing Business As) certain vendors may use a business name that is different than the name they use with the IRS.
Addresses	Enter all applicable addresses: Address-Payee's residence or Order-to location. Remit To Address- Address where payment should be sent. Foreign Address- Required for all Non-resident Aliens; must include US address if currently residing in the US.
Phone/Fax/Email	Enter all information.
Federal Tax Classification	
Tax Classification	Check the appropriate box (as defined by the IRS. Reference IRS form W-9 Specific instructions, Page 2, Name.) <ul style="list-style-type: none"> • Individual*: If you are an individual, also provide your date of birth *You only need to fill out page 1 of the form <ul style="list-style-type: none"> ○ Check one of the following as it pertains to you: <ul style="list-style-type: none"> ▪ US Citizen ▪ Resident Alien ▪ Non-Resident Alien: provide your country of citizenship. If already in the US or coming to the US, provide copy of your passport and proof of visa type. You may be contacted for further information. • Sole Proprietor: provide your date of birth • Other: provide tax classification if not listed on form • FATCA: http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA <ul style="list-style-type: none"> ○ Enter your reporting and exempt payee code (if applicable)
Taxpayer Identification Number	
Enter the IRS issued Federal Employer Identification Number (FEIN) or a Taxpayer Identification Number (TIN). Individuals must list their Social Security Number (SSN). This will be a nine digit number.	
Certification	
Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time.	

Page2: Vendor Profile and Business Status Certification

Business Information	
Individual or Legal Business Name	Enter the complete Individual or Legal business name. This is the name used with the IRS.
Business/Disregarded entity name (DBA)	<p>Enter if applicable. (DBA= Doing Business As) certain vendors may use a business name that is different than the name they use with the IRS.</p> <p>Enter all information as requested</p> <p>If Foreign entity is selected, you must provide an appropriate W8 form (as required by the IRS)</p> <p style="text-align: center;">http://www.irs.gov/ (search W8)</p>
Payment Information	
<p>The preferred method of payment for The Ohio State University is EFT (Electronic Funds Transfer) via Automated Clearing House (ACH). OSU, OSU Office of Sponsored Programs and OSU Wexner Medical Center have separate Purchasing and Accounts Payable departments and require unique enrollment forms. Please follow the instructions for how to complete and return it along with the other required new vendor paperwork. If you are unsure of which unit you are working with, please ask the person that provided you with the new vendor forms.</p>	
Federal Supplier Certifications US-based Suppliers Only	
<p>Complete this section with classification status as defined in Federal Acquisitions Regulations (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: https://sam.gov/portal/public/SAM#1#1SAM. Select all that apply.</p>	
Ohio Supplier Certifications Ohio-based Suppliers Only	
<p>Complete this section for all applicable Ohio supplier certifications; see http://thinkohiofirst.ohio.gov/ Attach additional documents as necessary. Verify No Findings for Recovery and select appropriate box. Indicate the name of the county where the business is located in Ohio.</p>	
Certification	
<p>Read and understand the certification. Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time.</p>	