

PANHANDLE AREA EDUCATIONAL CONSORTIUM

Miranda Green

753 WEST BOULEVARD
CHIPLEY, FL 32428

TRAVELER'S INSTRUCTION SHEET

INSTRUCTIONS FOR APPLICATION FOR VENDOR STATUS

- Enter your name, phone, and fax number (as applicable).
- Enter your mailing address.
- Enter your payment address, if different from your mailing address.
- Enter your social security number as your tax identification number.
- Sign your name, then print your name, and enter the date signed.

NOTE: This form only needs to be completed once and will remain on file at PAEC.

INSTRUCTIONS FOR IRS W-9 FORM

- Enter your name and address.
- Enter your social security number.
- Sign and date.

NOTE: This form only needs to be completed once and will remain on file at PAEC.

INSTRUCTIONS FOR GOLDENROD TRAVEL VOUCHER

- Do not fill in any travel information on this form. It will be completed for you.
- Sign your name on the "traveler's signature" line.

INSTRUCTIONS FOR TRAVELER'S INFORMATION SHEET

- Enter all information, as applicable. If any sections are found incomplete, the form will be returned to you for completion.
- Mileage is calculated using the state map. This information will be automatically entered.
- All meals are based on state rate and determined by your departure and return times.
- Hotel receipts **MUST** show a ZERO balance.
- All receipts must accompany the travel voucher.

NOTE: Travelers who are district personnel may arrange their travel reimbursement through their district. This will require the district to invoice PAEC directly for the cost of travel. Invoices submitted by the district must identify the name of the meeting, dates of travel, copies of district expense reports, and any receipts that apply.

Panhandle Area Educational Consortium

Administrative Services

Miranda Green

753 West Boulevard

Chipley, FL 32428

850-638-6131 ext. 2303

Fax 850-638-6134

INSTRUCTIONS: COMPLETE ALL FOR REIMBURSEMENT OF TRAVEL EXPENSES

SOCIAL SECURITY NUMBER:

NAME:

MAILING ADDRESS:

PHONE-home

PHONE-work

MEETING:

TRAVEL INFORMATION

REQUEST REIMBURSEMENT FOR:

ACTUAL EXPENSES _____ OR \$12.50 PER QUARTER (TO REPLACE FOOD & HOTEL) _____

FROM (City):

TO (City):

DEPARTURE DATE:

DEPARTURE TIME:

RETURN DATE:

RETURN TIME:

MILEAGE ROUND TRIP (state map rate unless odometer is included):

AIR FARE if paid by traveler:

If paid by PAEC, check here: _____

INCLUDE PASSENGER RECEIPT

INCIDENTAL EXPENSES

HOTEL:

TAXI:

TOLLS:

PARKING:

CAR RENTAL:

OTHER:

NOTE: RECEIPTS MUST ACCOMPANY TRAVEL VOUCHER

INSTRUCTIONS FOR GOLDENROD TRAVEL FORM: SIGN AT THE BOTTOM. THE INFORMATION WILL BE TAKEN FROM THIS FORM AND ENTERED ON THE TRAVEL FORM BY PAEC STAFF.

W-9 AND VENDOR STATUS FORMS MUST BE COMPLETED AND ON FILE. THERE IS NO NEED TO COMPLETE AGAIN UNLESS YOUR ADDRESS OR NAME CHANGES.

Washington County School Board

Panhandle Area Educational Consortium
753 West Boulevard
Chipley, FL 32428

FAX (850) 638-6134

APPLICATION FOR VENDOR STATUS

NAME or COMPANY NAME _____
CONTACT: PERSON _____
PHONE _____
FAX _____

CORRESPONDENCE: ADDRESS 1 _____
ADDRESS 2 _____
CITY/STATE/ZIP _____

PAYMENT ADDRESS: NAME (ALT) _____
(If different from above) ADDRESS 1 _____
ADDRESS 2 _____
CITY/STATE/ZIP _____

TAX IDENTIFICATION NUMBER

(NINE DIGIT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR SOCIAL SECURITY NUMBER)

INTERNAL REVENUE SERVICE REGULATIONS REQUIRE THAT VENDORS MUST FURNISH THEIR TAXPAYER IDENTIFICATION NUMBER (TIN). PURCHASE ORDERS WILL NOT BE ISSUED TO VENDORS WHO FAIL TO PROVIDE A TIN ON THIS FORM.

CHECK THE FOLLOWING AS APPROPRIATE:

BUSINESS IS INCORPORATED _____
BUSINESS PROVIDES MEDICAL SERVICES _____

BY: _____
SIGNATURE PRINTED NAME TITLE DATE

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

| | |
|---|--|
| Name | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ | <input type="checkbox"/> Exempt from backup withholding |
| Address (number, street, and apt. or suite no.) | Requester'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. 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 | | | | | | | | |
| | | | | | | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

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 the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. 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 (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If 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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

NAME _____
SOCIAL SECURITY NO. _____
COST CENTER _____
Check One: ☐ Officer/Employee ☐ Nonemployee/Ind. Contractor

| Project: | Contact: | Activity: |
|---|----------|-----------|
| Class A travel - Continuous travel of 24 hours or more away from official headquarters. | | |
| Class B travel - Continuous travel of less than 24 hours which involves overnight absence from official headquarters | | |
| Class C travel - Travel for short or day trips where the traveler is not away from his official headquarters overnight. | | |

SUPERVISOR'S TITLE: _____ DATE APPROVED: _____

| | | | | | | |
|--|-----------------|-------------------------|-------------------------|-----------------|------------------|--------|
| Column Total | Column Total | Column Total | Mil. c Mil. | Column Total | SUMMARY TOTAL | |
| \$ | \$ | \$ | \$.445 | \$ | \$ | |
| LESS CLASS C MEALS (Officers/Employees Only) | | | | | \$ () | |
| NET AMOUNT DUE | | | | | \$ | |
| QUARTERS: | | 12 Midnight - 6:00 A.M. | 12 Noon - 6:00 P.M. | | | |
| | | 6:00 A.M. - 12 Noon | 6:00 P.M. - 12 Midnight | | | |
| Fund | Function | Object | Cost Center | Project | Program | Amount |
| | | 330 | 9008 | | | |
| | | | | | | |
| | | | | | | |