



Lincoln University
LEARN. LIBERATE. LEAD.

www.lincoln.edu

Purchasing Department
484-365-7240

Purchasing Forms & Vendor Setup Training

Ensuring Efficiency and Accuracy in University Procurement

Mission: Lincoln University, the nation's first degree-granting Historically Black College & University (HBCU), educates and empowers students to lead their communities and change the world.

Vendor Setup Workflow



1. Search

Check **Self-Serve** for the vendor. If they aren't appearing, they may not be set up yet.



2. Verify

Reach out to **Purchasing** to verify their status. We can provide the Vendor Number if already active.



3. Document

If new, obtain a **New Vendor Form** and required tax/insurance documents for processing.

Requesting a New Vendor



The **Department Admin** must submit the following documents:

- ✔ **New Vendor Form:** Must be fully typed and completed. (Found on the Purchasing website)
- 📄 **Tax Documentation:** W-9 (Domestic) (Found on Purchasing website) or W-8BEN-E (International).
- 🛡️ **Certificate of Insurance (COI):** Only if providing on-campus services.
- 🤝 **Personal Service Agreement:** For individuals or non-EIN service providers.

New Vendor Form Completion Requirements



Lincoln University
LEARN. LIBERATE. LEAD.

www.lincoln.edu

Type, Don't Write

To ensure legibility and accurate data entry, all forms **must be typed**. Handwritten forms will be automatically returned by Purchasing.

Mandatory Fields

All fields **above the middle line** are mandatory. Please ensure all sections are fully completed to avoid processing delays.



Lincoln University

LEARN. LIBERATE. LEAD.

Purchasing Department

1570 Baltimore Pike
Lincoln University, PA 19352
484-365-7240

New Vendor Form

Date: _____

Vendor Name: _____

Vendor Address: _____

Vendor Contact Name: _____

Vendor Phone Number: _____ **Vendor Email Address:** _____

Item being requested to purchase: _____

Reason for purchase: _____

Federally Funded/Grant: (Y or N) _____ **Account Number:** _____ **Total: \$** _____

Dept Admin Name: _____ **Extension** _____

For Purchasing Use Only:

W9 Attached: _____ **Certificate of Liability Insurance Required:** _____

Date checked Federal Debarment List: _____ **Status:** _____

Date checked State Debarment List: _____ **Status:** _____

Director of Purchasing Signature: _____

Date entered into Colleague: _____ **by** _____ **Vendor No.:** _____



Lincoln University

LEARN. LIBERATE. LEAD.

Purchasing Department

1570 Baltimore Pike
Lincoln University, PA 19352
484-365-7240

New Vendor Form

Date: _____

Vendor Name: _____

Vendor Address: _____

Vendor Contact Name: _____

Vendor Phone Number: _____ Vendor Email Address: _____

Item being requested to purchase: _____

Reason for purchase: _____

Federally Funded/Grant: (Y or N) _____ Account Number: _____ Total: \$ _____

Dept Admin Name: _____ Extension _____

For Purchasing Use Only:

W9 Attached: _____ Certificate of Liability Insurance Required: _____

Date checked Federal Debarment List: _____ Status: _____





Date checked State Debarment List: _____ Status: _____

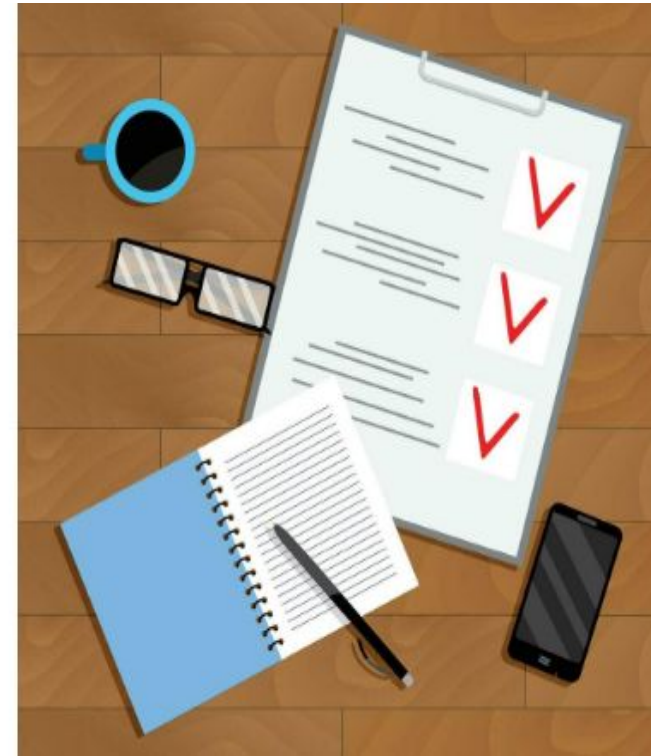
Director of Purchasing Signature: _____ *Clifton Crawford*

Date entered into Colleague: _____ by _____ Vendor No.: _____

Obtaining & Submitting W-9s



-  **Access:** Download a blank W-9 from the Purchasing website.
-  **Flexibility:** Vendors may provide their own current record if preferred.
-  **Quality Check:** Ensure it is signed, dated, and the business name matches the New Vendor Form request.
-  **Legibility:** Preferred typed to prevent clerical errors.



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Commercial Kitchen Ventilation, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 315 W. Germantown Pike	Requester's name and address (optional)
	6 City, state, and ZIP code Norristown, PA 19403	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
2	7	-	4	2	8	7	7	6	3

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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. citizen or other U.S. person (defined below); and
4. 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 the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Jason Rosen</i>	Date 03/03/2026
------------------	---	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

When is a COI Required?



On-Campus Services

Required only for vendors providing physical services on campus (e.g., repairs, events, facility maintenance).



Proof of Coverage

Acts as evidence that the vendor holds active insurance to cover potential risks, injuries, or property damage.



Stay Current

Records must be updated every year. If a vendor has been inactive for 3+ years, a new COI is required.

COI Quality Control (Admin Check)



Verification Point	Requirement Detail
Vendor Name	Must match the name on the W-9 exactly.
Expiration Date	Policy must be active and not expired at the time of service.
Certificate Holder	Lincoln University must be listed as the Certificate Holder.

Personal Service Form (PSF)





Lincoln University
LEARN. LIBERATE. LEAD.

www.lincoln.edu



Student Payments

A PSF is required for a registered student (e.g., stipend or payment).

-  Used for payments to students who have a registered student number.
-  Shorter form to break down 1 or more payments for dates provided on the PSF.



Lincoln University

LEARN. LIBERATE. LEAD.

www.lincoln.edu

Purchasing Department

Vail Memorial Hall
1570 Baltimore Pike
Lincoln University, PA 19352-0999

484-365-7344 phone
484-365-7240 phone

Personal Services Form

Date: _____

Name: _____ ID #: _____

Address: _____

Purpose: _____

Total Amount: \$ _____

Payment Date	Payment Amount
PAYMENT DATE 1	PAYMENT 1 AMOUNT
PAYMENT DATE 2	PAYMENT 2 AMOUNT

Department or Program: _____

Dept. Head / Director / PI Signature: _____



Date: _____

Personal Service Agreement (PSA)



Individuals & Non-EIN Vendors

A PSA is required for individuals providing services who are not part of a registered business (e.g., guest speakers, sports officials, or DJ).

-  Used for individuals, not a business entity.
-  Replaces standard business insurance in low-risk scenarios.



PERSONAL SERVICE AGREEMENT

Internal Routing Page

The following departments have reviewed the Agreement:

Lincoln University (Pennsylvania) Associate Vice President/Dean/Department Head

Signature

Date

Lincoln University (Pennsylvania) Purchasing Department

Signature

Date



PERSONAL SERVICE AGREEMENT

This Personal Services Agreement (“Agreement”) is entered on DATE OF AGREEMENT by and between Lincoln University, with an address of 1570 Baltimore Pike, Lincoln University, PA 19352 and NAME, with an address of ADDRESS, hereby known as the “Vendor”.

WHEREAS, the vendor will provide Lincoln University the following services:

1. SCOPE OF SERVICES.

DISCRIPTION OF SERVICES BEING PROVIDE DURING THE DATE(S) OF SERVICE

2. DATE(s) OF SERVICES. DATE 1, DATE 2 OF SERVICE, DATE 3, DATE 4 OF SERVICE

For a single date of service, the date shall be entered on the line above. For services spanning multiple dates, the required schedule must be attached with payment dates and amounts.

3. PAYMENT AND EXPENSES. Lincoln University agrees to pay \$ AMOUNT (TOTAL) for services rendered. Invoices will be paid within thirty days upon receipt, after the engagement, provided the vendor has complied with all the terms contained herein. For multiple events, invoices will be paid thirty days after each event.

4. CONTRACT ADMINISTRATORS.

Name | DEPT CONTACT INFORMATION (Dept. Initiator)

Full Address | 1570 Baltimore Pike Lincoln University, PA 19352

Phone | _____

Email | _____@lincoln.edu

The Contract Administrator for Vendor is:

Name | VENDOR CONTACT INFORMATION

Full Address | _____

Phone | _____

Email | _____

5. **INDEPENDENT CONTRACTOR:** Both parties agree that the vendor is an independent contractor and not an employee of Lincoln University. As an independent Contractor you are responsible for paying all taxes. If this agreement is for amounts above six hundred dollars, Lincoln University will send the vendor a 1099 form.
6. **ADDITIONAL PERSONNEL.** Contractor is wholly responsible for performance of the Services. Contractor shall secure all personnel required to perform the Services at Contractor's own expense. Such personnel will not be employees of or have any contractual relationship with Lincoln. The Contractor warrants that it is the lawful agent for any third parties used to fulfill obligations under this Agreement.
7. **FORCE MAJEURE:** Both Parties is hereby relieved of any liability if unable to meet the responsibilities of this agreement because of war, weather, riots, epidemics, strikes, any act or order by public authority beyond Lincoln University's control.
8. **INDEMNITY:** The Parties each agree to indemnify and hold harmless the other Party, its agents , directors, trustees, and employees from and against any and all loss, damages, liability, penalties, punitive damages, expenses, including attorney's fees, and costs of any kind or amount whatsoever, which result from the negligence of or breach of this Agreement by the indemnifying party.
9. **ENTIRE AGREEMENT.** The Parties acknowledge and agree that this Agreement represents the entire agreement between the Parties. In the event that the parties desire to change, add, or otherwise modify any terms, they shall do so in writing to be signed by both parties.
10. **GOVERNING LAW:** This agreements and rights and obligations of the parties hereto shall be interpreted, construed and enforced in accordance with the laws of the State of Pennsylvania.

Do not provide any service until you receive a Purchase Order. All invoices must be emailed to AP@lincoln.edu.

SIGNATURE PAGE

The Parties agree to the terms and conditions set forth above as demonstrated by their signatures as follows:

Vendor:

Signature: _____

Name: **VENDOR NAME** _____

Date: **DATE OF SIGNATURE** _____

Lincoln University **Department Head/Director:**

Signature: _____

Name: **DEPT HEAD/DIRECTOR NAME** _____

Date: **DATE OF SIGNATURE** _____



Questions?

Thank you for helping us maintain accurate records.

All Purchasing References and Documents can be found at:

<https://www.lincoln.edu/about/administration/finance-administration/purchasing.html>

E: jciabattoni@lincoln.edu | T: 484-365-7240