



INVITATION FOR BID (IFB) FORMAL BID

Bid Number:	24-18	Issue Date:	October 1, 2026
Commodity Description:	Ventilators	Terms:	NET 30
FOB:	ASU	Bid Opening Date and Time:	Monday, October 19, 2026 11:00 A.M. CST

PROCUREMENT CONTACT INFORMATION

Name:	Lisa Glasco, CPCP, CPPB, CPPO, NIGP-CPP, APO	Phone:	870-972-2028
Title:	Director of Procurement Services	Email:	lglasco@astate.edu

MAILING ADDRESS:

Non-USPS Delivery Address Arkansas State University Procurement Services c/o Central Receiving 2713 Pawnee State University, AR 72467	USPS Delivery Address Arkansas State University Procurement PO Box 1860 State University, AR 72467
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Instructions:

- Bids should be submitted by the time and date specified above.
- The Prospective Contractor should provide the information below.
- **This IFB must be sealed and mailed.**
- Terms and Conditions governing this bid request can be found [here](#).

PROSPECTIVE CONTRACTOR INFORMATION

Company Name:	_____		
Name (type or print):	_____	Title:	_____
Address:	_____		
City:	_____	State:	_____ ZIP Code: _____
Telephone Number:	_____	Fax Number:	_____
E-Mail Address:	_____		
Signature: <i>Use ink only.</i>	_____		

Arkansas State University is an Equal Opportunity Employer

INTERGOVERNMENTAL/COOPERATIVE USE OF PROPOSAL AND CONTRACT: In accordance with Arkansas Code §19-11-249, this bid and resulting contract are available to any college or university in Arkansas that wishes to utilize the services of the selected proposer, and the proposer agrees that they may agree as provided in this bid.



SECTION 1 – INFORMATION AND INSTRUCTIONS

INTRODUCTION

Arkansas State University is seeking bids for a total of 3 Anesthesia systems, including the anesthesia machine, patient monitoring, and transport monitoring module (System A Only). The same manufacturer must produce all equipment.

BID OPENING

Use the information below to view the bid opening

October 19, 2026, 11:00 A.M. CST

Arkansas State University

2713-A Pawnee Street

Jonesboro, AR 72401

OBJECTIVE AND GOALS

The Department seeks Anesthesia systems that include the anesthesia machine, patient monitoring, and a transport monitoring module. The Contractor must be certified and licensed to treat food service environments.

TYPE OF CONTRACT

- A. As a result of this IFB, the Department intends to award a contract to a single Contractor. The anticipated starting date for any resulting contract is **October 2026**. By submitting a signed bid in response to the IFB, the Prospective Contractor represents and warrants that it will honor its bid as irrevocable for this period.
- B. It shall be a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for the retention of bona fide employees or bona fide established commercial selling agencies maintained by the contractor for the purpose of securing business.

CONTRACTOR SELECTION

- A. Award is expected to be made to the responsive and responsible Prospective Contractor determined to have submitted the lowest bid that meets the Requirements and criteria outlined in the IFB, based on the Total Annual Cost/Estimated Total Cost, etc. of the Official Bid Price Sheet submitted by the Prospective Contractor.
- B. The University reserves the right to determine that received costs from any vendor are unreasonable (too high for the requirements of the subject solicitation) or unrealistic (too low to reflect the ability of the offeror to meet the requirements of the solicitation). When the University determines that pricing is potentially unrealistic or unreasonable, the University may request that an offeror clarify pricing elements, and the University may remove the offeror from consideration for a solicitation at the University's sole discretion.
- C. If the University so chooses, negotiations may be conducted with the lowest-bidding, responsive and responsible Prospective Contractor if:
 - 1. All bids received from responsive and responsible bidders exceed available funding; or
 - 2. It appears that additional savings to the University may result from negotiation.
- D. If negotiations fail to result in a contract, the University may negotiate with the next lowest-bidding, responsive and responsible Prospective Contractor.



1. The negotiation process may be repeated until an acceptable lower bid price is negotiated, or until such time the University determines negotiations are no longer in the best interest of the University.
 2. Negotiations are conducted at the sole discretion of the University.
- E. A contract is not effective prior to final award being made by the University; some contracts may be subject to Legislative review before final award.

RESPONSE DOCUMENTS

- A. All bids **must** be submitted to the delivery address and by the submission deadline on page one (1) of the IFB.
- B. Completed bid form
- C. Official Price Sheet
- D. Disclosure Form
- E. Vendor Forms
- F. Vendor's EEO policy
- G. *Bid Response Packet*
 1. Prospective Contractors **shall** utilize the *Official Price Sheet* attached to the Solicitation to submit their bids.
 2. The following are bid submission Requirements and **must** be submitted as part of a Prospective Contractor's bid.
 - a. Signed *Bid Signature Page*; signature may be in ink or digital.
 - b. Completed Official Price Sheet
 - i. Pricing **must** be proposed in U.S. dollars and cents.
 - ii. Prices **must** be firm offers.
 - iii. Discount from list-price bidding is not acceptable unless requested elsewhere in the Solicitation.
 - iv. State and local sales taxes should **not be** included in the bid price. Deduct trade discounts from the unit price, and show the net price in the bid.
 3. The following items, which **must** be submitted before a contract award to the Prospective Contractor, may also be included with the Prospective Contractor's bid response:
 - a. *EO 98-04 Contract & Grant Disclosure Form*
 - b. Copy of Prospective Contractor's *Equal Opportunity Policy*
 - i. Pursuant to Arkansas Code Annotated § 19-60-104, OSP requires a Prospective Contractor bidding on a state contract to submit a copy of the Prospective Contractor's *Equal Opportunity (EO) Policy*. Prospective Contractors not required by law to have an *EO Policy* **must** submit a written statement to that effect.



SECTION 2 – SPECIFICATIONS AND REQUIREMENTS

Complete Anesthesia System A

Anesthesia Machine Specs Quantity 1

Display & User Interface

- Touchscreen ventilator display
- Customizable case profiles
- Direct access to commonly used procedures
- Self-guided electronic checkout process

Ventilation Modes

Standard and advanced ventilation capabilities include:

- VCV (Volume Control Ventilation)
- PCV (Pressure Control Ventilation)
- PCV-VG (Pressure Control Ventilation Volume Guarantee)
- SIMV-VCV
- SIMV-PCV
- SIMV-PCV-VG
- PSV (Pressure Support Ventilation)
- CPAP + PSV
- Lung Recruitment Maneuvers
- VCV Cardiac Bypass

Low-Flow Anesthesia Features

- Electronic gas control and electronic gas mixer
- Low-flow breathing system
- Fast wash-in/wash-out gas kinetics
- Fresh gas compensation during mechanical ventilation
- Removable/swappable autoclavable breathing system
- Manual bag-to-vent switch

Gas Monitoring

- Integrated respiratory gas module
- Agent identification and analysis
- CO₂ monitoring
- O₂ monitoring
- N₂O monitoring
- Sample gas return system
- Hot-swappable gas module
- Reusable modular water trap

Patient Monitor (Same Manufacturer as Anesthesia Machine) Qty 1

Display & User Interface

- 19-inch touchscreen monitor
- Responsive touch interface
- 360° patient status visibility
- Care-area specific workflows (OR, PACU, ICU, ED, NICU)

Advanced Perioperative Monitoring Options



- Anesthetic agent monitoring
- EtCO₂
- O₂ and N₂O measurement
- NMT (Train of Four)
- Cardiac Output
- PiCCO
- Spirometry
- Gas Exchange/Metabolic Monitoring
- Integrated respiratory gas module
- Agent identification and analysis

Transport Patient Monitoring Module (Same Manufacturer as Anesthesia Machine) Qty 1

Standard monitoring includes:

- ECG
- ST analysis
- Arrhythmia detection
- NIBP
- IBP
- SpO₂
- Temperature
- Respiration
- EtCO₂/airway gas monitoring

Supported for:

- Adult
- Pediatric
- Neonatal patients

Display & Design

- Color touchscreen
- Lightweight transport design
- Dock-and-go workflow
- Can function as a standalone monitor

Complete Anesthesia System B Anesthesia Machine Specs: Quantity 2

Display & User Interface

- Customizable case profiles
- Direct access to commonly used procedures
- Self-guided electronic checkout process

Ventilation Modes

Standard and advanced ventilation capabilities include:

- VCV (Volume Control Ventilation)
- PCV (Pressure Control Ventilation)
- PCV-VG (Pressure Control Ventilation Volume Guarantee)
- SIMV-VCV
- SIMV-PCV
- SIMV-PCV-VG
- PSV (Pressure Support Ventilation)



Low-Flow Anesthesia Features

- Electronic gas mixer
- Low-flow breathing system
- Fast wash-in/wash-out gas kinetics
- Fresh gas compensation during mechanical ventilation
- Removable/swappable autoclavable breathing system
- Manual bag-to-vent switch

Gas Monitoring

- Integrated respiratory gas module
- Agent identification and analysis
- CO₂ monitoring
- O₂ monitoring
- N₂O monitoring
- Sample gas return system
- Hot-swappable gas module
- Reusable modular water trap

Patient Monitor (Same Manufacturer as Anesthesia Machine) Qty 2

Display & User Interface

- 15-inch touchscreen monitor
- Responsive touch interface
- 360° patient status visibility
- Care-area specific workflows (OR, PACU, ICU, ED, NICU)

Advanced Perioperative Monitoring Options

- ECG (3-, 5-, and 10-lead)
- Respiration
- SpO₂
- NIBP
- Temperature
- 2-channel Invasive Blood Pressure (IBP)

SECTION 3 – SOLICITATION TERMS AND CONDITIONS

ACCEPTANCE OF REQUIREMENTS

- A. A Prospective Contractor's past performance with the State may be used to determine if the Prospective Contractor is responsible (19-CAR § 1-401).
 1. Bids submitted by Prospective Contractors determined to be non-responsible will be rejected.
- B. A single Prospective Contractor **must** be identified as the prime contractor.
 1. The prime Contractor **shall** be responsible for the resulting contract and jointly and severally liable with any of its subcontractors, affiliates, or agents to the State for the performance thereof.
- C. By submitting a bid, the Prospective Contractor represents and warrants:
 1. That the prices in the bid have been arrived at independently, without any collusion with another competing Prospective Contractor.
 - a. Collusion violates Arkansas Procurement Law and can lead to suspension, debarment, and referral to the Attorney General's office for investigation and appropriate legal action (Arkansas Code Annotated § 19-61-403 and 19-61-702).



2. That the Prospective Contractor has not retained a person to solicit or secure the resulting contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the Prospective Contractor for the purpose of securing business.
- D. Qualifications, services, and commodities **must** meet or exceed the required Specifications as outlined in the Solicitation.
 - E. Pursuant to Arkansas State Procurement Law, the Contractor **shall** certify that, unless they offer to provide the goods or services for at least twenty percent (20%) less than the lowest certifying Prospective Contractor:
 1. They are not engaged in and **shall not**, during the aggregate term of the resulting contract, engage in a boycott of Israel (Arkansas Code Annotated § 25-1-503),
 2. They are not engaged in and **shall not**, during the aggregate term of the resulting contract, engage in a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry (Arkansas Code Annotated § 25-1-1102).
 - F. Pursuant to Arkansas Procurement Law, the Contractor **shall** certify that the Contractor does not knowingly employ or contract with illegal immigrants and that the Contractor **shall not** knowingly employ or contract with illegal immigrants during the aggregate term of any contract with the State or any of its departments, institutions, or political subdivisions (Arkansas Code Annotated § 19-60-105).
 - G. The Contractor **shall** invoice the University as required by the Department and should not invoice the University in advance of delivery and acceptance of any commodities or services (Arkansas Code Annotated § 19-4-1206).
 1. The Contractor should invoice the agency with an itemized list of charges. Reference the Department's purchase order number and/or contract number on each invoice.
 2. Payment will be made in accordance with applicable State of Arkansas accounting procedures upon acceptance of commodities and services by the Department.
 3. Payment will be made only after the Contractor has successfully satisfied the Department as to the reliability and effectiveness of the commodities or services purchased as a whole.
 - H. The Prospective Contractor **shall** certify that they are not a company owned in whole or with a majority ownership by the government of the People's Republic of China (a "Scrutinized Company") and that they do not and **shall not** during the aggregate term of the resulting contract employ a Scrutinized Company as a contractor (Arkansas Code Annotated § 25-1-1203).



Arkansas State University

Vendor Covered Persons Attestation (Standard)

_____ ("Vendor") hereby represents and attests that it is not organized or chartered under the laws of, nor has its principal place of business in, nor is it owned by, one of the "Countries of Concern" as defined by 28 CFR Part 202.601(a), which are currently the six countries listed below:

1. China (including Hong Kong and Macau)
2. Cuba
3. Iran
4. North Korea
5. Russia
6. Venezuela

Further, Vendor hereby represents and attests that it is not owned by a person who is:

- an employee or contractor of a company described in the first paragraph above or of one of the countries listed above,
- an individual who is primarily a resident in the territorial jurisdiction of a company described in the first paragraph above or of one of the countries listed above, or
- is otherwise designated on the U.S. Department of Justice National Security Division's Covered Persons list.

Finally, Vendor hereby represents and attests that no such person in Vendor's employ will access ASU's data in connection with Vendor's contracted services with Arkansas State University ("ASU").

Vendor further acknowledges and agrees that ASU and its affiliates are expressly relying on the foregoing representation and attestation in entering into agreements with Vendor, and failure to accurately represent or attest to the foregoing shall be grounds for immediate termination of any agreement between ASU, or any affiliate of ASU, and Vendor, notwithstanding the terms of any such agreement. Vendor will notify ASU immediately upon becoming aware of any facts that are or could be a violation of this attestation and cooperate with ASU in investigating any such matter. At ASU's request, Vendor will furnish evidence of compliance with this attestation. Any reference to a section of 28 CFR Part 202 shall mean such regulation or statute in effect on the date of execution of this attestation and, if applicable, as subsequently updated, amended or revised.

Signature: _____

Printed Name: _____

Title: _____

Date: _____



BID #27-18

Ventilators
Official Price Sheet

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Signature of Authorized Official: _____

NOTE:

1. Arkansas State University will not be obligated to pay any cost not identified on the Official Bid Price Sheet.
2. Any cost not identified by the bidder but subsequently incurred to achieve successful operation of the equipment will be borne by the bidder.
3. All services to be performed and materials to be produced under the contract will be accomplished in consultation with and under the direction of the University. The University will approve all procedures developed and products provided under the contract. All records and data about the agreement will remain the University's property.

OFFICIAL BID PRICE SHEET

QTY	DESCRIPTION	PRICE
1	Complete Anesthesia System A	\$
1	Patient Monitor (Same Manufacturer as Anesthesia Machine)	\$
1	Transport Patient Monitoring Module (Same Manufacturer as Anesthesia Machine) Qty	\$
2	Complete Anesthesia System B	\$
2	Patient Monitor (Same Manufacturer as Anesthesia Machine)	\$
1	Shipping	
	TOTAL COST	\$

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

☐ Yes ☐ No

IS THIS FOR:

TAXPAYER ID NAME:

☐ Goods?

☐ Services? ☐ Both?

YOUR LAST NAME:

FIRST NAME:

M.I.:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

F O R I N D I V I D U A L S *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☐ None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

Vendor Name: _____

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater. No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-60-105.
3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater. A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
4. **Scrutinized Company Restriction:** Required with bid or proposal submission. A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.
5. **Attach the EO policy:** If the company does not have an EO policy, email procurement@astate.edu and include the company name and state that there is no EO policy on file.

By signing this form, the Contractor agrees and certifies they are in compliance with the certification requirements listed above that are relevant to the contractor's performance under the resulting contract and will remain so for the aggregate term of any resultant contract. Additionally, the Contractor agrees and certifies they shall comply with all Arkansas laws applicable to the contractor's performance under the resulting contract.

Vendor Signature

Date

**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.)	
	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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ 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. ☐ 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) _____ (Applies to accounts maintained outside the United States.)
	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 ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
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.

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.

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. 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	Date
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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

Vendor Information Request Form

The information requested is necessary not only to maintain an accurate vendor file, but also to comply with the Internal Revenue Service Regulations. Federal law stipulates that each payee furnish an accurate Federal Tax Identification Number to the payer.

Please complete the appropriate fields below:

Business/Individual Name: _____

Contact Name: First: _____ Middle: _____ Last: _____

Phone Number: _____

Email Address: _____

Select the appropriate category for tax purposes:

- ☐ US Citizen
- ☐ Legal Permanent
- ☐ Resident (Green Card)
- ☐ Nonresident Alien
- ☐ US Entity
- ☐ Foreign Entity

Order Address:

Address: _____ County: _____
City: _____ State: _____ Zip Code: _____
Nation: _____

Payment Address:

Address: _____ County: _____
City: _____ State: _____ Zip Code: _____
Nation: _____

Important: In order to expedite any current or future order, please email the required forms.

W-9 (US Citizen, LPR) and EEO Policy

W-8BEN (Foreign Individuals)

W-8BENE (Foreign Entities)

EEO Policy

*****ATTACH EEO POLICY. IF THE COMPANY HAS NO EEO POLICY, MAKE NOTE OF THAT BY EMAIL.**