

The Confederated Tribes of the Colville Reservation

P.O. Box 150, Nespelem, WA 99155 Attn: Purchasing Program

(509) 634-2746 FAX: (509) 634-2751



December 14, 2021

Dear Vendor,

We would like to thank you for offering to provide your goods and or services to the Colville Tribes and to ensure a quick turnaround time for processing payment we require you to fill out the attached Vendor Registration Packet which includes a required signed W9 Form.

Please note if you have a remittance address other than what is listed for the Company name, be sure to provide that information. Be sure to fill out the payment terms, if not identified the payment terms will default to Net 30 Days.

The Colville Tribes Terms and Conditions are as follows.

- **Billing Instructions:** Each invoice must have a tribal purchase order number clearly identified or the invoices will be returned to the company unpaid.
- Invoices must be sent to the Accounts Payable program for payment processing.
- **Shipping Instructions:** All orders must be sent to the Purchasing Program Receiving Area at 10 Lakes Street unless authorized by the Purchasing Agent.
- **Shipping Instructions:** All packages including warehouse shipments must have a tribal Purchase Order number clearly identified on the outside of the package to be accepted.
- Back Orders must be preapproved by the Purchasing Agent.
- Credit notices are to be sent to the Accounts Payable Program.

It is the policy of the Colville Tribes that all purchases must be made with a purchase order number or an authorized credit card usage. Should you process an order without a number be advised that it is **not an authorized** order from our organization and will be the sole responsibility of the person placing the order.

These procedures should greatly increase efficiency in having your invoices submitted, processed for review and payment in a timely manner.

You may email, fax or send your completed vendor registration packet to the Confederated Tribes of the Colville Reservation, Attn: Purchasing Program, P.O. Box 150, Nespelem, WA. 99155 or email to Twila Leith-Monaghan at twila.leith-monaghan.pur@colvilletribes.com. Should you have any questions you may call Twila Leith-Monaghan at 509 634-2746 or fax 509 634-2751.

Twila Leith Monaghan

Twila Leith-Monaghan, Shipping & Receiving II



For CCT Purchasing Use Only:

Program Requesting Vendor Info: _____

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Vendor Registration Form

*Company/Vendor Name must be 45 characters or less Company/Vendor Name: Mailing Address: ______Zip Code: ______

Tax ID or SSN: _____ E-Mail: ______ Business phone#: () - Cell Phone #: () - Fax#: () -Remittance Name (if different from above): Mailing Address: Zip Code: Contact Names, titles and phone numbers with primary address. Name_____ Title _____ Name____ Title _____ Payment Terms: If no selection made than an automatic Net 30 Days will be entered. Net 30 Days Due Upon Receipt Net 10 Days Other Category Codes: Corporation____ Individual Non-Incorporated On Colville Reservation Adjacent to Colville Reservation CC1 Location: CC2 Ownership: Indian Owned Business Y/N Minority Owned Business Y/N Woman Owned Business Y/N C3 CCT Use Only: Type of Services/Products Provided_____ Print Name clearly of Person filling out form and date *Required to attach completed and signed Form W-9/W-8BEN/W-8ECI to this document

(Rev. November 2017) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

| | - do to www.na.gov// d/mws/lo | matructions and the later | ST INTOFMALION. | | | | | |
|--|---|----------------------------------|--|---|-------------|-----------------|------------------|------------|
| on page 3. | 1 Name (as shown on your income tax return). Name is required on this lin | e; do not leave this line blank. | | | | | | |
| | 2 Business name/disreparded entity name, if different from above | | | | | | | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ | | | Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3): Exempt payee code (if any) | | | | |
| ype. tions | | | | | | | | |
| Print or type. See Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | Exemption from FATCA reporting code (if any) | | | | |
| | Other (see instructions) > | | | (Applies In a | counts mair | ilarand or | itside the | USI |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requester's name a | and addres | s (option | ni) | | |
| | 6 City, state, and ZIP code | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social see | | | | | her | | _ | _ |
| Dackup withholding. For individuals, this is generally your social security number (SSN). However, for a | | | | | | | | |
| reside | It alien, sole proprietor, or disregarded entity, see the instructions (| for Part I later. For other | 1 1 1 | - | 1 1 - | . 1 | 1 | |
| TIN, la | s, it is your employer Identification number (EIN). If you do not have ler. | a number, see How to get | ra LLL or | J _ | Ш | Ш | | _ |
| Note: | f the account is in more than one name, see the instructions for lin | ie 1. Also see What Name a | and Employer | oloyer identification number | | | | |
| Numbe | er To Give the Requester for guidelines on whose number to enter. | | 3 | | | | T | ĺ |
| Part | II Certification | | | | | Ш | | _ |
| Under | penalties of perjury, I certify that: | | | | | | | |
| Serv no lo | number shown on this form is my correct taxpayer identification nu not subject to backup withholding because: (a) I am exempt from ice (IRS) that I am subject to backup withholding as a result of a fa inger subject to backup withholding; and | backup withholding or (b) | I have not been n | atifled by | the lete | rnal F ied m | levenu e that | ie I am |
| | a U.S. citizen or other U.S. person (defined below); and | | | | | | | |
| 4. Ine | FATCA code(s) entered on this form (if any) indicating that I am exe | empt from FATCA reporting | g is correct, | | | | | |
| acquist | ation instructions. You must cross out item 2 above if you have been re failed to report all interest and dividends on your tax return. For real ion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification | l estate transactions, item 2 | does not apply. Fo | r mortgag | e intere | st paid | , | |
| Sign Here | Signature of U.S. person ▶ | D | ete > | | | | | |
| | eral Instructions | • Form 1099-DIV (div | Form 1099-DIV (dividends, including those from stocks or mutual funds) | | | | | |
| Section noted. | references are to the Internal Revenue Code unless otherwise | • Form 1099-MISC (v | • Form 1099-MISC (various types of income, prizes, awards, or gross | | | | | |
| Future | developments. For the latest information about developments | proceeds) | | | | | | |

related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding. later.