

## Disbursements

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**Ko, Shiao-Yen;** *Manager Accounting Services | Manages Disbursements, including Accounts Payable, Purchasing Card, and Travel*  
sko@ag.tamu.edu | Phone: 979-845-4778

## Accounts Payable

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**Payne, Kim;** *Assistant Financial Manager*  
kpayne@ag.tamu.edu | Phone: 979-845-4764

**Anderson, Amanda;** *Financial Accountant I*  
ananderson@tamu.edu | Phone: 979-845-4739

**Cortez, Gwen;** *Financial Accountant II*  
gacortez@ag.tamu.edu | Phone: 979-845-6147

**Maldonado, Sara;** *Financial Specialist III*  
smaldonado@ag.tamu.edu | Phone: 979-845-4770

**Matthys, Roxanne;** *Financial Accountant I*  
rjmatthys@ag.tamu.edu | Phone: 979-845-0322

**Mayes, Sarah;** *Financial Accountant I*  
semayes@ag.tamu.edu | Phone: 979-458-0749

**Smith, Teresa;** *Financial Accountant I*  
tasmith@ag.tamu.edu | Phone: 979-845-7891

**Su, Li;** *Financial Management Supervisor II*  
lsu@ag.tamu.edu | Phone: 979-845-2553

## Payment Card

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**Maxey, Lori;** *Financial Accountant III*  
lori.maxey@ag.tamu.edu | Phone: 979-845-2534

**Su, Li;** *Financial Management Supervisor II*  
lsu@ag.tamu.edu | Phone: 979-845-2553

## Travel

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**McNeese, Susan;** *Financial Management Supervisor I*  
sgmcneese@ag.tamu.edu | Phone: 979-845-4748

**Cortez, Gwen;** *Financial Accountant II*  
gacortez@ag.tamu.edu | Phone: 979-845-6147

**Green, Jenny;** *Financial Accountant I*  
jkgreen@ag.tamu.edu | Phone: 979-458-1754

Texas A&M AgriLife Substitute Form W-9

06-Texas A&M AgriLife Research  
Send to Concur

07-Texas A&M AgriLife Extension Service  
Send to Concur

20-TVMDL  
Send to Concur

Part 1 Tax Status (complete only ONE section in Part 1): INDIVIDUALS (A) or SOLE PROPRIETORS (B) or PARTNERSHIP (C) or CORP (D)

**A Individuals:** (Fill out this section (A))  
**OR**  
Individual's Name (First name, middle initial, last name) not owning a business \_\_\_\_\_ Individual's Social Security Number \_\_\_\_\_

**B Sole Proprietors:** (Single Owner LLC)  
(Fill out this section (B))  
A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.  
Business Owner's Name (REQUIRED) \_\_\_\_\_ Business or Trade Name (OPTIONAL) \_\_\_\_\_  
Business Owner's Social Security Number (REQUIRED) \_\_\_\_\_ Employer ID Number (OPTIONAL) \_\_\_\_\_

**OR**  
**C Partnership:** (for an LLC with multiple owners)  
(Fill out this section (C))  
Name of Partnership/Business \_\_\_\_\_ Partnership's Employer Identification Number \_\_\_\_\_ Two Owners' Names & Social Security Numbers (REQUIRED)  
Name 1 \_\_\_\_\_ SSN 1 \_\_\_\_\_  
Name 2 \_\_\_\_\_ SSN 2 \_\_\_\_\_

**OR**  
**D Corporation or Tax-Exempt Entity:** (Fill out this section (D))  
A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.  
Legal Name of Corporation or Entity \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Part 2 - Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

Corporation  
Note that there is NO corporate exemption for medical & health care payments or payments for legal services.  
 Tax-Exempt Entity under 501 (a) (includes 501(c)(3) or IRA)  
 The United States or any of its agencies or instrumentalities  
 A State, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies  
 A foreign government, or any of its political subdivisions or an international organization in which the United States participates under a treaty or act of Congress

Part 3 - 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 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.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Tax Correspondence Address: \_\_\_\_\_ Remit To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

Please Mail To: Texas A&M AgriLife - Disbursements, 2147 TAMU, College Station, Texas 77843-2147  
Fax: (979) 458-3242 or Submit via Laserfiche WIP-DISB



### Employee Vendor Information Sheet

06 – Research     07 – Extension     20 – TVMDL

1. \_\_\_\_\_ 2. \_\_\_\_\_  
*Employee Name* *Employee SSN or UIN*

3. \_\_\_\_\_  
*Address check is to be mailed to*

4. \_\_\_\_\_  
*City, State, Zip*

5. \_\_\_\_\_  
*E-mail address*

6. \_\_\_\_\_  
*Notes/comments*

\_\_\_\_\_  
*Person/Dept submitting request* *Date (MM-DD-YYYY)*

**Submit to Disbursements via Laserfiche or  
Mail/Fax to:**  
Texas A&M AgriLife Disbursements  
2147 TAMU  
College Station, TX 77843-2147  
Fax: 979-458-3242

**Email Questions to:**  
[vendorrequest@ag.tamu.edu](mailto:vendorrequest@ag.tamu.edu)  
Do not include confidential information in e-mail.