

## STUDENT GUIDE: HOW TO COMPLETE THE 204 FORM

Students will be asked to complete a 204 form per CSU Policy to receive reimbursements for travel and expenses through Accounts Payable.

The 204 form is accessed using this secure link due to sensitive data:

<https://forms.humboldt.edu/payee-data-record-form-std-204>

### Vendor Record Form: Page 1 Instructions

Section 2:

- Complete Legal Name
- Complete Address section using **your mailing address** for both remittance and business.
- Complete email address using **your email** for A/R and Business

Section 3:

- Select Individual
- Select yes or no regarding whether you are a CSU employee in addition to being a student.
- Enter your Social Security Number

Section 4:

- Select Travel Reimbursement if being reimbursed for travel -And/OR- Select Other Non-employee Reimbursement for reimbursements for other non-travel related expenses

Section 5:

- Select CA Resident if you live in California
- Select CA Non-resident if you do not live in California
- Select your citizenship

Section 6:

- Sign and date

### Vendor Record Form Page 2. Instructions

Review the instructions and you must initial to indicate that you have read them.

### Vendor Record Form Page 3. Instructions

This page is where you will select how you would like to be paid. We highly encourage selecting EFT/ACH and supplying your banking information along with a voided check from the account being used for direct deposit. This is the most efficient method for payment. If you do select EFT/ACH be sure to include the voided check as an attachment or call our office to verbally verify banking information.

Be sure to verify your email if requested by ADOBE after submitting.

**Please call Accounts Payable/ 707-826-3512 if you need assistance in completing the form.**

**SAMPLE OF COMPLETED 204 FORM FOR STUDENT:**



**Vendor Record Form**

Required when doing business with Cal Poly Humboldt  
IRS W-9 not accepted – Foreign vendors also submit IRS W-8

Section 1. Instructions		
PURPOSE: Information contained in this form will be used by Cal Poly Humboldt to prepare information returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. See Privacy Statement and California Non-Resident Withholding Information on next page.		
Section 2. Name and Contact Information		
Entity Name, if incorporated	DBA Name, if applicable	Phone Number
		7073480137
Name if Individual/Sole Proprietor/Single-Member LLC		
Legal First Name	MI	Legal Last Name
Jennifer	T	Doe
Remittance Address		Business Address
Number/Street/PO Box 1234 Treeline Drive		Number/Street/PO Box 1234 Treeline Drive
City	State	Zip Code
Arcata	CA	95521
A/R Email Address jennfertdoe@humboldt.edu		Business Email Address jennfertdoe@humboldt.edu
Section 3. Tax ID and Entity Type		
<input checked="" type="radio"/> Individual/Sole Proprietor/Single-Member LLC		Social Security Number 123-45-6789
Are you a current or previous (past 24 months) CSU or State of CA Employee?		<input checked="" type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Exempt <input type="radio"/> Trust/Estate <input type="radio"/> Limited Liability Company (LLC) taxed as Corporation <input type="radio"/> Limited Liability Company (LLC) taxed as Partnership		Certifications (check all that apply) <input type="checkbox"/> CA Certified DVBE (DVBE) <input type="checkbox"/> CA Certified Small Business (CSB) <input type="checkbox"/> CA Certified Micro Business (MB) <input type="checkbox"/> CA Certified SB-Public Works (SBP)
Federal Employer Identification Number (FEIN)		OSDS Certification Number
Section 4. Payment Type (please check all boxes that are applicable to the category of payment)		
<input type="checkbox"/> Supplies/Equipment	<input type="checkbox"/> Attorney/Legal Fees (M10)	<input checked="" type="checkbox"/> Travel Reimbursement
<input type="checkbox"/> Services: Medical (M06)	<input type="checkbox"/> Rent/Lease (M01)	<input checked="" type="checkbox"/> Other Non-Employee Reimbursement
<input type="checkbox"/> Services: Non-Medical (M01)	<input type="checkbox"/> Royalties (M02)	<input type="checkbox"/> Other Income (M03)
Section 5. Residency Declaration for Tax Purposes		
California State Tax Withholding Status (Applies to all Vendors)		
<input checked="" type="radio"/> California Resident	if incorporated, provide State of California entity number	
<input type="radio"/> California Non-Resident		
All services for payments issued are performed OUTSIDE of California		CA NON-RESIDENTS: 7% may be withheld from payment, if performing services in California, unless one of the three boxes on left is applicable.
No Services are being rendered, only goods are being provided for payment		
Waiver of State withholding from California Franchise Tax Board attached		
Federal Income Tax Withholding Status (Individuals/Sole Proprietors Only)		
<input checked="" type="radio"/> I am a US citizen	<input type="radio"/> I am not a US citizen or DACA recipient, nor do I have a Permanent Resident Green Card (IRS form W-8 BEN required). Additional documents may be requested for tax determination.	
<input type="radio"/> I am a Permanent Resident Alien and I have a Green Card.		
<input type="radio"/> I am a DACA recipient (copy of EAD card required).		
Section 6. Certifying Signature		
I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify Cal Poly Humboldt.		
Authorized Representative's Name		Title
Jennifer T Doe		Student
Signature	Date	Telephone
<i>Jennifer T Doe</i> Jennifer T Doe (Mar 19, 2024)	03/19/2024	7073480137



### Vendor Record Form


Required when doing business with Cal Poly Humboldt  
IRS W-9 not accepted – Foreign vendors also submit IRS W-8

#### Select Payment Type

- Check - Default payment method is check  
 EFT/ACH

Request will be evaluated  
Approval is not guaranteed

#### ACH Request

Email address for remittance advice		jennifertdoe@gmail.com	
A scan of a voided check is preferred and has a high approval rate. Information provided via bank letters is subject to verification and has a lower approval rate.		<a href="#">Click to Attach Click Here ...</a>	
In lieu of a voided check, banking information will need to be verified by phone.	Bank Name	Wells Fargo	
	Bank Account	12345678	
	9 Digit Routing Number	12345678910	
<ul style="list-style-type: none"><li>This authorization will remain in effect until I cancel it by submitting a new, updated form.</li><li>A new authorization must be completed if I change my bank account, close my bank account, change financial institutions, or wish to receive checks instead.</li><li>Changes requested via email, phone, letter, or invoice will not be accepted.</li><li>I understand that the University requires ten (10) business days to review this initial authorization and two (2) business days for funds to become available following an ACH electronic funds transfer.</li><li>I hereby authorize, in accordance with the rules and regulations of the National Automated Clearinghouse Association (NACHA), Cal Poly Humboldt to credit any payments due to my entity via automated clearinghouse electronic fund transfer (ACH) to the bank and bank account owned by my entity referenced above. I acknowledge I am responsible for repayment of any monies due the University due to overpayment to my account. Failure to repay any overpayments to the University will result in my account being referred to a collection agency and I will be responsible for all collection costs incurred by the University.</li></ul>			
Authorized Representative Name		Signature	
Jennifer T Doe		 <small>Jennifer T Doe (Mar 19, 2024)</small>	
Email		Phone	
jennifertdoe@humboldt.edu		7073480137	