

# IMPORTANT - PLEASE READ

## CLINICAL EDUCATOR HONORARIUM INSTRUCTIONS

Your role as a clinical educator (CE) for a student teacher is a vital component of preparing successful beginning teachers. In recognition of your participation in this effort, the Cato College of Education provides clinical educators with an honorarium of \$200 payable at the end of the student teaching semester. Clinical Educators who work with a student teacher as a team of two will each receive an honorarium of \$100. Typically, these CEs work with undergraduate student teachers in programs such as middle grades 6-9 (like Math/Science).

***If you would like to receive this honorarium, you must provide accurate and timely information to the University. Please complete the required steps by the end of the second week of the semester.***

**NEW CLINICAL EDUCATORS AND CLINICAL EDUCATORS WHO HAVE SERVED BEFORE AND HAVE CHANGES TO THEIR NAME, ADDRESS, AND/OR BANKING SINCE LAST HOSTING A STUDENT TEACHER:**

The following forms are required by the UNC Charlotte Controller's Office in order to pay the honoraria:

- Vendor Information Form for Clinical Educators (attached) - **IMPORTANT NOTICE: This is a legal document. Your social security number must match your name with the IRS as shown on your last tax return. You are the "vendor."** Please complete as indicated by the asterisks.
- Direct Deposit Authorization Agreement for Clinical Educators (attached) - **A voided check or a form from your bank verifying your account number must accompany this document.** Please complete as indicated by the asterisks.

**MAIL TO:**

Donna Smith

Office of School and Community Partnerships, CCOED 139

UNC Charlotte

9201 University City Blvd.

Charlotte, NC 28223

**CLINICAL EDUCATORS WHO HAVE SERVED IN THE PAST AND HAVE NO CHANGES TO NAME, ADDRESS, OR BANKING INFORMATION SINCE LAST HOSTING A STUDENT TEACHER:**

***Email our office*** at [dhsmith1@uncc.edu](mailto:dhsmith1@uncc.edu) with the information below to confirm that your information is accurate in our system:

1. Your full name (as it appears on your last tax return)
2. Your complete address
3. The name of your current student teacher

Thank you for hosting a UNC Charlotte student teacher.

# UNC Charlotte Vendor Information Form (aka Taxpayer Information Form)

**PAYMENTS WILL NOT BE RELEASED UNTIL THIS FORM IS COMPLETED AND RETURNED.**

We are required by federal law to obtain this information for each person to whom the University makes a payment. Failure to provide this information may result in payments being subject to 28% backup withholding and penalties imposed by the IRS. ~~Completed forms containing an Employer Identification Number (EIN) may be emailed to ImageNowVend@uncc.edu. This form is for U.S. persons only. A resident alien is considered a U.S. person for tax purposes.~~ Completed forms containing an Employer Identification Number (EIN) may be emailed to ImageNowVend@uncc.edu. This form is for U.S. persons only. A resident alien is considered a U.S. person for tax purposes.

If you are a foreign person, complete Vendor Information Form-Foreign Persons (Form W-8BEN) and the Foreign National Information Form-Visitor Version. For questions regarding any of these forms, please contact vendor-setup@uncc.edu or 704-687-8825.

**Requesting Department:** CCOED/OSACP      **Contact name:** Donna Smith      **Contact Phone:** 78806

**Purpose of Payment** (select all that apply):     Services     Goods/Materials     Travel Reimbursement     Guest Speaker

## Part 1: TAX STATUS (complete the section that applies)

**US Individuals:** (Form 1099 reportable) (Individuals are *not* a "doing business as", a company name, or alternative)

Individual Name (as shown on your tax return): \*

Individual Social Security Number: (If providing SSN, DO NOT EMAIL FORM) \*

**US Sole Proprietor:** (Form 1099 reportable) (A sole proprietorship may have a "doing business as" trade name, but the legal name is the business owner). If you supplied your personal SSN as the Tax ID, you must provide your name as it is issued with your SSN. If you provided an EIN provided to you by the IRS for your business, you must provide the legal business name registered for EIN.

Business Owner's Name (as shown on your tax return): N/A

Business Owner's Social Security Number: (PLEASE DO NOT EMAIL FORM) N/A

Business or Trade Name: N/A

Business EIN: N/A

**US Partnership, Limited Liability Partnership, Limited Liability Company or Trust, etc.:** (Form 1099 reportable) (Non-corporations)

Name of Partnership/Company Name (as shown on your tax return): N/A

Partnership's/Company's EIN: \_\_\_\_\_

**US Corporation (must be a "C" or "S" corporation only), Exempt organization, or Federal, State or Local Government Agency:**

Name of Corporation or Entity (as shown on your tax return): N/A

Corporation's EIN: N/A

**Required:** Check the correct status below. If a status is not selected, a 1099 will be issued regardless of status.

- |            |  |
|------------|--|
| <u>N/A</u> | Corporation: Not medical, healthcare or legal service provider   |
| <u>N/A</u> | Corporation: Medical, healthcare or legal services (all 1099 reportable)                                     |
| <u>N/A</u> | Tax exempt organization under 501 or IRA   |
| <u>N/A</u> | The United States or any of its agencies or instrumentalities (federal government)                           |
| <u>N/A</u> | A state, the District of Columbia, a possession of the United States, or any of their political subdivisions |
| <u>N/A</u> | A foreign government or any of its political subdivisions located in the U.S. or U.S. Territories            |

## Part 2: OTHER INFORMATION

Business Classification (Check all that apply)

<u>N/A</u>	Asian American	<u>N/A</u>	African American	<u>N/A</u>	Hispanic American
<u>N/A</u>	Disabled Owned	<u>N/A</u>	American Indian	<u>N/A</u>	Women Owned

Does your company accept Purchase Orders?  
If so, please provide your preferred method.     Email     Yes Fax     No CXML

UNC Charlotte Payment Terms are Net 30.

If alternate terms have been approved through contract with the University, indicate those terms here \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

(Purchasing Approval required)

## Part 3: ADDRESS

<p>Order/Physical Address</p> <p>Address Line 1: <u>*</u></p> <p>Address Line 2: _____</p> <p>City, State, Zip Code: <u>*</u></p> <p>Country: _____</p> <p>Phone Number: <u>*</u></p> <p>Fax Number: _____</p> <p>Email Address: <u>*</u></p> <p>Contact Person's Name: _____</p>	<p>Payment Remittance (Remit to) Address</p> <p><u>*</u></p> <p><u>*</u></p> <p><u>*</u></p> <p>NOTE: If providing a P.O. Box remit address, you must also provide a Physical Address.</p>
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## Part 4: CERTIFICATION Signature (NOT a typed name) is required.

Under penalties of perjury, I certify that (1) the number shown above is my correct taxpayer identification number; (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; (3) I am a U.S. person (including a U.S. Resident Alien); and (4) the information provided is complete and accurate as of this date.

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

Printed Name: \* \_\_\_\_\_

Date: \* \_\_\_\_\_

## Clinical Educators Honorarium

**UNC Charlotte | Direct Deposit Vendor Authorization Agreement**

-- Complete, sign, and attach a voided check or a form letter from your banking institution for account verification with this form. Forms will not be processed without required information. --

**Please submit completed form and attachments via one of these options (do not email)**

Drop off Donna Smith  
 or Office of Field Experiences-CCOED 139  
 Mail to: UNC Charlotte  
9201 University City Blvd  
Charlotte, NC 28223

Action Needed		
<input checked="" type="radio"/> Initial/New Agreement	<input type="radio"/> Change to Initial/New Agreement	<input type="radio"/> Request to Stop Direct Deposit

Vendor Information	
UNC Charlotte ID #: (If known)	
Vendor Name:	*
Vendor Address Line 1:	*
Vendor Address Line 2:	*
Vendor Contact Name:	
Vendor Email:	*
Vendor Phone #:	*

Bank Information		
Bank Account Type:	<input checked="" type="radio"/> ATTACH A VOIDED CHECK OR	<input type="radio"/> Savings
Bank Name:	FORM LETTER FROM YOUR	
City:	BANK	State: <input type="text"/>
ACH Bank Routing #: <i>Please <b>DO NOT</b> use routing # from a Deposit Ticket.</i>		
Account #:		

Vendor Agreement
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Your signature below authorizes UNC Charlotte to deposit all payments into the bank account identified above. Electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). You affirm that the entire payment amount is not subject to being transferred to a foreign bank account. This authorization will remain in effect until you provide written notification to UNC Charlotte, Financial Services, Accounts Payable, 3rd Floor Reese Bldg., 9201 University City Blvd., Charlotte, NC 28223-0001 requesting a change to the initial agreement or request to stop direct deposit. A Direct Deposit Remittance Advice will be emailed to your business email when a deposit occurs.

**Note:** After enrolling in direct deposit, all funds specified will be deposited directly into your bank account unless this agreement is terminated or amended by written notification. It is each vendor's responsibility to notify the office above in writing (by submitting this document with the Type of Agreement marked as "Change to New/Initial Agreement" or "Request to Stop Direct Deposit"). If a change to your bank account occurs without the University receiving written notification, a delay in the receipt of funds will occur (up to 10 business days). If funds are directly deposited to your account in error, the University may initiate a debit transaction against the account to

\_\_\_\_\_  
Signature of Company Official or Account Holder

\_\_\_\_\_  
Date

↑\*  
Sign  
Here