SUMMER TUITION REIMBURSEMENT CHECKLIST

Soldier/Airman Name		Unit				
Request Date	_ Semester requested	Summer	_Year			
REQUIRED DOCUMENTS:						
a Completed Applicati	on for Reimbursement					
b Receipt for summer the Cashier's Office)	tuition (not a credit card re	eceipt- need a receipt w	ith a zero balance from			
c Unofficial transcript	_ Unofficial transcript printout (must have "C" or better average per class)					
d Completed State Ve	_ Completed State Vendor Registration form					
e Bank Account Verific account and routing number						
Soldier/Airman's ETS/MRD Date:						
Soldier/Airman's Signature		D	ate			
<u>NOTE</u> : "Mini Session" summer classes (i.e. summer classes with class start dates in May) <u>are not eligible</u> for reimbursement at this time.						

	NEVADA NATIONAL GUARD SUMMER TUITION REIMBURSEMENT APPLICATION								
NRS 412.143 Authorizes the payment of not more than 100% of the consolidated fee each semester for each									
member	of the N	levada Natio	nal Guard who	attends of of the u	iniversities, st	ate college	es, and	community	
colleges	colleges within the Nevada System of Higher Education as a full-time or part-time student.								
0				A - PERSONAL INFO					
1) Drint Na									
4) Affiliatio	n:	ARMY	AIR	5) Unit/Squardon:	2)1	ank.	5) Las	4 0011.	
6) Mailing	1) Print Name (Last, First, MI): 2) Rank: 3) Last 4 SSN: 4) Affiliation: ARMY AIR 5) Unit/Squardon: 6) Mailing Address: 7) Phone: 7) Phone:								
8) City, State, Zip 9) Email:									
	10) Total Credit Hours Enrolled: 11) Term: Summer 12) Year:								
13) Colleg	e/Universi	ty attended		UNLV UNR	NSC CSN	TMCC	W	NC GBC	
				B - EDUCATION INF		. 1		C) Coot nor cradit	
1) Class Tit	tle		2) Course Start Date	 Course End Date 	 Course type: min 1st, 2nd, 3rd 	i, 5) no. of cre	edits	6) Cost per credit STATE USE ONLY	
1) 01033 11						5) 110. 01 01	Suits		
				7) Total Reim	bursement = STA	TE USE ONL	Y		
			PART	C - MEMBER CERT	IFICATION				
I certify that	t the above i	information is tru	e and correct. I unders	tand that my reimburse	ment is subject to a	ailable funds			
Mombor's G	Signatura					Deter			
Member's S	Signature:			IT READINESS NCO		Date:			
l horoby oo	tify that this	individual is our					anal Cua	rd Education Office of	
I hereby certify that this individual is currently a member of the Nevada National Guard, and I will notify the Nevada National Guard Education Office of any changes in this individual's status. I also certify that all required documentation is present and has been completed correctly, to the best of my									
knowledge,			,,		P			,,,	
Readiness NCO Printed Name:									
Readiness NCO Signature: Date:									
PART E - BATTALION CAREER COUNSELOR CERTIFICATION									
I hereby certify that this individual is currently a member of the Nevada National Guard, and I will notify the Nevada National Guard Education Office of									
any changes in this individual's status. I also certify that all required documentation is present and has been, to the best of my knowledge, completed									
correctly.									
Battalion/Squadron Career Counselor Printed Name:									
Battalion Career/Squadron Counselor Signature: Date:									
PART G - STATE ADMIN OFFICE USE ONLY									
SFY Fund	Agency	Appr Unit	Object	P3 Org	Date: Control Nu			Date: Amount	
				0.9	Control IN			/ into unit	
101									
All S	tate rei	mburseme	nt programs w	ill be processed	pending ava	ailable fu	nding	g. If funding is	
unavailable for the fiscal year for which this application is being submitted, no reimbursement									
			•	applicant. Dea	U		· ·		

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Receipt for summer tuition **(not a credit card receipt- need a receipt** with a zero balance from the cashiers office)

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Unofficial transcript printout **(must have "C" or better average per** <mark>class)</mark>

STATE OF NEVADA VENDOR REGISTRATION



All sections are mandatory and require completion. IKS Form W-9 <u>will not</u> be accepted in lieu of this form.					
1. NAME For proprietorship, provide proprietor's name in first box and DBA in second box.					
Legal Business Name, Proprietor's Name or Individual's Name			Doing Business As (DBA)		
2. ADDRESS/CONTACT INF	FORMATIO	N			
Address A – Physical address of			Address B		
Company Headquarters I Individual's Residence			Additional Remittance – PO Box, Lockbox or another physical		
Is this a US Post Office deliverable address? Yes No			location.		
Address			Address		
Address		Address			
1 1 1 1 0 0 0					
City	State	Zip Code	City	State	Zip Code
City	State		City	State	Zip code
E-mail Address			E-mail Address		
E-mail Address		L-man Augress			
Phone Number Fax Number		Phone Number	Fax Num	ber	
Primary Contact			Primary Contact		

3. **ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)** Check only **ONE** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). For proprietorship, provide SSN or EIN, not both

Souriar Sourie, rainour (SSII) or El	inpro , ee raenene autoir r (ante er (1	in the second se
<mark>Individual (SSN)</mark>	LLC tax classification:	SSN
Sole Proprietorship (SSN or EIN)	Disregarded Entity	
Partnership (EIN)	Partnership	Name associated with SSN:
Corporation (EIN)	Corporation	EIN
Government (EIN)		
Tax Exempt/Nonprofit (EIN)		New TIN? No Yes – Provide previous TIN & effective date.
Trust/estate (SSN or EIN)		Previous TIN: Date:
OTHER INFORMATION Check	all that apply.	
Doctor or Medical Facility	In-State (Nevada)	□ NV Business ID#(ex:NV12345678910)

Attorney or Legal Facility

4. **ELECTRONIC FUNDS TRANSFER** Per NRS 227, payment to all payees of the State of Nevada will be electronic.

DBE Certificate #:

Complete section AND provide a copy of a voided imprinted check for the account. If there are no checks for the account, savings or prepaid card, a signed letter restating the information must be provided (Companies must use company letterhead) Deposit slip or WIRE information will not be accepted. Information on this form and the supporting documentation must match. Allow 10 working days for activation.

The information is for address A B Both				
Bank Name	Bank Account Type Checking Savings	(Provide ONE e-mail address for receiving payment notification)		
Transit Routing Number	Bank Account Number			

IRS FORM W-9 CERTIFICATION AND SIGNATURE

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 (as defined by IRS Form W-9 rev August 2013).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.						
Signature Print N		Print N	ame & Title of Person Signing Form	Date		
FOR STATE CONTROLLER'S OFFICE USE ONLY Primary 1099 Vendor 1099 Indicator Yes No		Name of State agency contact & phone number:				
Entered By	Date		Comments			

Registration Instructions

General Instructions:

1. This Registration form is for the use of United States entities only. Non-US entities must submit a Foreign Vendor Registration & IRS Form W-8.

2. Type or **legibly** print all information except for signature.

3. All sections are mandatory and require completion.

Specific Information:

1. NAME

a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.

b. Proprietorship - Enter the proprietor's name in the first box and the business name (DBA) in the second box.

c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.

2. ADDRESS/CONTACT INFORMATION

a. Address A – *If the address is non-deliverable by the United States Postal Service, complete both Address A and B sections.* Company – Provide physical location of company headquarters.

Individual - Provide physical location of residence.

E-mail – Provide a valid e-mail address.

Telephone Number - Include area code.

Fax Number - Include area code.

Primary Contact - Person (and phone number or extension) to be contacted for payment-related questions or issues.

b. Address B - Provide additional remittance address and related information when appropriate.

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN OR EIN)

a. Individual – A person that has no association with a business.

b. Proprietorship – A business owned by one person.

c. Partnership – A business with more than one owner and not a corporation.

d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.

e. LLC – Limited Liability Company. *Must mark appropriate classification – disregarded entity, partnership or corporation.*

f. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.

g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.

h. Doctor or Medical Facility - Person or facility related to practice of medicine.

i. Attorney or Legal Facility – Person or facility related to practice of law.

j. In-state – Nevada entity.

k. Disadvantaged Business Enterprise (DBE) – A small business enterprise that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. *Provide certification number*. See http://www.nevadadbe.com for certification information.

1. NV Business ID number issued by NV Secretary of State (ex: NV20110123456).

m. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS. *Per the IRS, use the owner's social security number for a proprietorship.*

4. ELECTRONIC FUNDS TRANSFER

Per NRS 227, payment to all payees of the State of Nevada will be electronic. Provide a copy of a voided imprinted check or restate bank information on signed letterhead. *Deposit slip or wire information will not be accepted*. All information on this form and the supporting documentation **must match**.

a. Bank Name – The name of the bank where account is held.

b. Bank Account Type – Indicate whether the account is checking or savings.

c. Transit Routing Number - Enter the 9-digit Transit Routing Number for automatic/direct deposit or ACH.

d. Bank Account Number – Enter bank account number including 0's if any.

e. Direct Deposit Remittance Advice – payment information is sent via e-mail. Companies should provide an e-mail address that will not change. Example: accounting@business.com.

5. IRS FORM W-9 CERTIFICATION AND SIGNATURE

a. The Certification is copied from IRS Form W-9 (rev. August 2013). See IRS Form W-9 for further information.

b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.

c. Print the name and title, when applicable, of the person signing the form.

d. Enter the date the form was signed. Forms over 60 days old will not be processed.

Do not complete any remaining areas. They are for State of Nevada use only.

Mail signed form to:

NEVADA STATE CONTROLLER'S OFFICE 555 E WASHINGTON AVE STE 4300 LAS VEGAS NV 89101-1071



NGNV-

MEMORANDUM FOR RECORD

SUBJECT: Bank Account Verification

- 1. This memorandum serves as notification of my bank account information:
 - a. NAME:
 - b. BANK NAME:
 - c. ACCOUNT NUMBER:
 - d. ROUTING NUMBER:
 - e. SOLDIER ADDRESS:
- 2. This memorandum is for information purposes only.
- 3. Point of contact for this memorandum is or

at

NVNG