

TEXTBOOK REIMBURSEMENT CHECKLIST

Soldier/Airman Name _____ Unit _____

Request Date _____ Semester requested _____ Year _____

REQUIRED DOCUMENTS:

- a. _____ Completed Application for Reimbursement
- b. _____ Course syllabus with required book list for each class taken (**Upload only the pages with the class name, semester and list of REQUIRED books**)
- c. _____ Receipts for all textbooks purchased (**not an order form-need a receipt with a zero balance**)
- d. _____ Unofficial transcript printout (**must have "C" or better average per class**)
- e. _____ Completed State Vendor Registration form
- f. _____ Bank Account Verification Memorandum (**Must state the Soldier/Airman's bank name, account and routing number. The Soldier/Airman must sign this memorandum.**)

Soldier/Airman's ETS/MRD Date: _____

Soldier/Airman's Signature _____ Date _____

NOTE: If required information (e.g. textbook name, etc.) is not contained within the reimbursement packet documents (see above), a letter or email correspondence from the school or the Service Member's professor explaining the deficiency will suffice as proof of requirement.

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Course syllabus with required book list for each class taken (**Upload only the pages with the class name, semester and list of REQUIRED books**)

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Receipts for all textbooks purchased (**not an order form-need a receipt with a zero balance**)

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Unofficial transcript printout (must have "C" or better average per class)

STATE OF NEVADA

VENDOR REGISTRATION



STATE CONTROLLER'S OFFICE
 555 E WASHINGTON AVE STE 4300
 LAS VEGAS NV 89101-1071
 PHONE: 702/486-3810 or 702/486-3856

All sections are mandatory and require completion. IRS Form W-9 will not 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)
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2. ADDRESS/CONTACT INFORMATION

Address A – Physical address of <input type="checkbox"/> Company Headquarters <input type="checkbox"/> Individual's Residence Is this a US Post Office deliverable address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Address B <input type="checkbox"/> Additional Remittance – PO Box, Lockbox or another physical location.		
Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
E-mail Address			E-mail Address		
Phone Number	Fax Number		Phone Number	Fax Number	
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.**

<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN) <input type="checkbox"/> Trust/estate (SSN or EIN)	LLC tax classification: <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SSN
		Name associated with SSN:
		EIN
New TIN? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide previous TIN & effective date.		Previous TIN: _____ Date: _____

OTHER INFORMATION Check all that apply.

<input type="checkbox"/> Doctor or Medical Facility	<input type="checkbox"/> In-State (Nevada)	<input type="checkbox"/> NV Business ID#(ex:NV12345678910)
<input type="checkbox"/> Attorney or Legal Facility	<input type="checkbox"/> DBE Certificate #:	

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

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 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Both		
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Provide ONE e-mail address for receiving payment notification
Transit Routing Number	Bank Account Number	

5. 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 Name & Title of Person Signing Form	Date
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FOR STATE CONTROLLER'S OFFICE USE ONLY		Name of State agency contact & phone number:
Primary 1099 Vendor <input type="checkbox"/>	1099 Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.
- l. 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



NEVADA ARMY NATIONAL GUARD
OFFICE OF THE ADJUTANT GENERAL
2460 FAIRVIEW DRIVE
CARSON CITY, NEVADA 89701-6807

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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 _____ at
or _____

NVNG