

# NEW VENDOR PACKET

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\*PAYMENT WILL NOT BE MADE UNTIL FORMS ARE COMPLETE.

Are you providing a service or a product?

A) Product: complete the W-9 and E-verify; disregard the remainder of the packet

B) Service: complete steps 1 – 5

1. W-9

It must be signed and dated. Check will be made payable to the name in box 1, unless there is an entry in box 2.

In Part 1, enter either Social security number or EIN. Do NOT supply both.

\*A new W-9 is required to update name or address

2. Do you have worker's compensation insurance?

- No, complete Request for Contracted Service Workers Compensation Certificate of Insurance
- Yes, provide current insurance certificate

3. Do you have an E-verify Number?

- Yes, complete Contractor/Vendor Affidavit under O.C.G.A.13-10-91(b)(1)
- No, complete Exemption Affidavit under O.C.G.A 13-10-91 and provide copy of driver's license

4. Are you a TRS/ERS/PSERS retiree?

- No, mark no, sign and date the TRS form
- Yes, mark yes and complete the form. Working without prior approval from TRS can impact your retirement benefit. It has taken weeks to get approval after submitting the form to TRS. In the case of working when needed, you will need to project the amount of money that will be paid. The dates have to be specific and the details have to include a complete description of what you are doing.
- Unacceptable description: Translating
- Acceptable description: Translating documents from English to Spanish

5. Do you create your own invoice?

- Yes, submit invoices for payment when work is complete
- No, you can use Request for Payment to Providers of Contracted Service





**REQUEST FOR CONTRACTED SERVICES**

**WORKERS COMPENSATION CERTIFICATE OF INSURANCE**

1. If the service provider is a current or former employee (incl. hourly & substitutes) **STOP** and contact the central office payroll department.
2. Partially completed forms will not be accepted and will delay payment.

***THIS SECTION TO BE COMPLETED BY JCSS EMPLOYEE REQUESTING THE SERVICE***

Today's Date: \_\_\_\_\_ School/Dept.: \_\_\_\_\_

Type of Service: \_\_\_\_\_ JCSS Employee Requesting Service: \_\_\_\_\_

Is the service performed on-site or off? \_\_\_\_\_

For individuals and businesses that provide a service, this form is **required** for the School System's workers comp audits. **If the provider of the service has Workers Compensation Insurance, attach a copy of their insurance certificate.** The certificate must cover the dates of the service. Forward completed contract service package to your bookkeeper.

Bookkeeper to submit completed payment packet to central office accounts payable department:

- |   |                              |
|---|------------------------------|
| 1. Invoice or Request for Payment form              | 5. W-9                       |
| 2. Request for Workers' Compensation form           | 6. E-Verify Affidavit        |
| 3. If insured, a copy of the insurance certificate. | 7. Copy of driver's license. |
| 4. Time sheet, if required.                         |                              |

***THIS SECTION TO BE COMPLETED BY SERVICE PROVIDER***

Name as used for tax-filing: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tax ID number as used for tax-filing, EIN *or* Social Security number:

EIN# \_\_\_\_\_ ***OR*** SSN#: \_\_\_\_\_

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

**Do you have workers compensation insurance? Yes \_\_\_ *OR* No \_\_\_**

**One of the following must be completed before services are procured: 1) If you have workers compensation insurance, please provide a copy of the insurance certificate for our files; 2) If you do not have workers' compensation insurance, please read and sign the following liability release statement:**

"Per O.C.G.A. 34-9-2, I do not employ more than three persons and therefore, do not carry Georgia Workers Compensation insurance. I understand I am an independent contractor and am, knowingly and willingly, waiving any rights to file a claim against the Jackson County School System's workers compensation insurance policy if I am injured while performing services for the System."

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

**JACKSON COUNTY SCHOOL SYSTEM**  
**Exemption Affidavit under O.C.G.A. § 13-10-91**

I attest that I am exempt from providing an "Affidavit of Compliance" to the Jackson County School System pursuant to O.C.G.A. § 13-10-91, as amended, for one of the following reasons:

\_\_\_\_\_ I am a sole proprietor with no employees, subcontractors or sub-subcontractors and I will not use employees, subcontractors or sub-subcontractors for any work performed for the Jackson County School System. \*\*

\_\_\_\_\_ My company/firm will render services to the Jackson County School System, however, my company/firm has ten (10) or fewer full-time employees. \*\*

\*\* In order to be exempt from compliance under either of the above choices, in addition to this affidavit, you must provide a copy of your State of Georgia driver's license. (Please see the attached list of alternate states that a driver's license can be accepted in lieu of a State of Georgia driver's license.)

\_\_\_\_\_ Myself or my business is a State of Georgia licensed entity under O.C.G.A Title 26 or Title 43.

\_\_\_\_\_  
Name of Contractor/Vendor

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_

**JACKSON COUNTY SCHOOL SYSTEM**  
**Contractor/Vendor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor/vendor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services for the Jackson County School System has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor/vendor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor/vendor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor/vendor with the information required by O.C.G.A. § 13-10-91(b). Contractor/Vendor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (4 to 6 digit)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor/Vendor

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_



Dr. April Howard, Superintendent  
Mrs. Lynne Massey-Wheeler, Chairperson  
1660 Winder Highway  
Jefferson, Georgia 30549  
Phone (706) 367-5151 Fax (706)367-9457

- Are you are TRS, ERS, or PSERS retiree?
- No – mark no, **sign and date form**
  - Yes – please complete below the line
- 

Name \_\_\_\_\_

Social security number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Service period beginning date \_\_\_\_\_

Service period ending date \_\_\_\_\_

Briefly describe service

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Total amount to be paid \_\_\_\_\_

Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

CFO Signature \_\_\_\_\_ Date \_\_\_\_\_



# REQUEST FOR PAYMENT TO PROVIDERS OF CONTRACTED SERVICES

Jackson County Board of Education

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This form is for payment by Accounts Payable, to non-employees only.  
(Employees who provide services are paid through payroll.)

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<hr/> <p style="text-align: center;">Name</p>	<hr/> <p style="text-align: center;">Today's Date</p>
<hr/> <p style="text-align: center;">Street Address</p>	<hr/> <p style="text-align: center;">Social Security Number / Business Tax I.D.</p>
<hr/> <p style="text-align: center;">City                      State                      Zip</p>	<hr/> <p style="text-align: center;">Phone Number</p>
<hr/> <p style="text-align: center;">Contract/Service period (from - to dates)</p>	<hr/> <p style="text-align: center;">Contract Number (if applicable)</p>

Briefly describe service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Please indicate if you are an active retiree under the Teachers Retirement System of Georgia\*\*\*\*\*

YES

NO

\$ \_\_\_\_\_  
Hourly rate of pay X Number of Hours  
(if applicable)

\$ \_\_\_\_\_  
Total Amount of Payment, not to exceed

\_\_\_\_\_  
Administrator's Approval/ Date

\_\_\_\_\_  
Contractor Signature/Date

\_\_\_\_\_  
Chief Financial Officer Signature/Date

Expenditure Account Number: \_\_\_\_\_

- Information must be complete and legible to avoid delay in payment.
- To the *original* request for payment, attach the *required* forms for audit:
  - o W-9: the IRS current version must be complete and legible (see instructions for W-9s)
  - o Request for Workers' Compensation Certificate of Insurance (see instructions)
    - \*If insured, a *current* insurance certificate, for the date of service, is required.
  - o Time sheet, if required for service, verified by administrator.
- Forward to your school/program bookkeeper, the *original* Request for Payment, forms, time sheets or "original" invoices as backup.
- The administrator is to review, sign, & assign the budget number.
- Bookkeeper to review for completion and legibility, retain copies, and forward the *originals* to the approving administrator or accounts payable.