



For internal use only:
Vendor No. _____

GUEST OF STATE REGISTRATION

Instructions: Please complete and return the Guest of State Registration along with a signed [W-9](#) (or [W-8BEN](#) foreign guests). The Guest of State Registration and supporting tax documents should be returned by email to travel-authorization@ualr.edu or mailed to Attn: Procurement Services, 2801 S. University Ave., Little Rock, AR 72204.

Name: _____

Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Country (if outside US): _____

Contact Information: (*Vendor # will be emailed to this person*)

Name: _____ Title: _____

Phone: _____ Email: _____

Direct Deposit: ☐ Yes (see instructions below) ☐ No (Warrant check will be issued)

A copy of a voided check and a completed [Authorization for Vendor Direct Deposit](#) form is required to activate direct deposit payments.

Driver Authorization: Will UA Little Rock be renting a vehicle on your behalf or will you be driving a vehicle owned by UA Little Rock?

☐ Yes (see instructions below) ☐ No

If yes, you must complete and attach the [Authorization to Operate State Vehicles](#) form certifying that you are duly licensed in accordance with the requirements of all applicable state laws and have completed the required forms authorizing the operation of a state vehicle and the release to obtain your violation record.

Certification: I certify that I will not be reimbursed for travel expenses submitted to UA Little Rock from another source.

☐ Yes ☐ No

Certification: I certify that: (i) I or my company is not currently engaged in a boycott of Israel, and (ii) that I or my company will not engage in such a boycott for the duration of the contract with UA Little Rock.

☐ Yes ☐ No

Under penalties of perjury, I certify that the information provided above is true, correct, and complete.

Signature

Printed Name

Date