## *To be completed by vendor while traveling in a devoploping country where receipts are not readily available.*

		RECEIPT			
Service Prov	vider's Name:				
Description &	date(s) of services				
performed for	University of Vermont:				
Please indicat	e where services were p	performed:			
		(city/	state/cou	intry)	
I acknowledge	e receiving payment in th	ne amount identifi	ed below.		
	Signature				
Amount Paid:				Date of payment:	
(Please note the	currency type if not USD)				
Form   W-8BEN   Certificate of Foreign Status of Beneficial Owner for States Tax Withholding and Reporting (Individuals)     (Rev. February 2014)   > For use by Individuals. Entitles must use Form W-8BEN-E.     Department of the Treasury Internal Revenue Service   > Information about Form W-8BEN and its separate instructions is at www.frs.gov/     Calve this form to the withholding agent or payer. Do not send to the IR				s)	OMB No. 1545-1621
Part I Identifi	cation of Beneficial Owner (see	instructions)			
1 Name of individual who is the beneficial owner			2 Country of citizenship		
3 Permanent resid	lence address (street, apt. or suite no., or	r rural route). Do not use a P.C	). box or in-car	e-of address.	
City or town, state or province. Include postal code where appropriate.				Country	
4 Mailing address	(if different from above)				
City or town, state or province. Include postal code where appropriate.				Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 6 Foreign				tax identifying number (see instructions)	
7 Reference numb	per(s) (see instructions)	8 Date of birth (MM-DD-Y	YYY) (see instru	ictions)	
Part III Certific	ation				
	I declare that I have examined the information	on this form and to the best of my	knowledge and be	lief it is true, corre	ct, and complete. I further
early under permission p	ulu la unu				

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:

(a) not effectively connected with the conduct of a trade or business in the United States,
(b) effectively connected but is not subject to tax under an applicable income tax treaty, or

(c) the partner's share of a partnership's effectively connected income,

- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

## Sign Here

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