



NAGPRA PROGRAM | TRIBAL HOSPITALITY FORM

A Message to our Guests: Welcome! We are glad that you can come to San Francisco State (SF State) to participate in the Native American Grave Protection and Repatriation Act (NAGPRA) and California NAGPRA identification, consultation, and repatriation process. We appreciate you making the trip and sharing your knowledge and expertise as we cannot complete this important work without tribal participation. At this time, SF State has limited funding which we need to steward carefully to be able to accommodate as many people and Tribal Nations as possible. We are pleased to be able to offer one night of lodging at our guest suites, a VIP parking pass, and on campus meal vouchers to people coming to campus for NAGPRA/CalNAGPRA purposes. We can also offer mileage reimbursement at the state rate to those who register with SF State's vendor program. Please fill out the Tribal Hospitality Form below and indicate which services you need to facilitate your trip. This information helps us keep track of our spending and have the information needed to prepare for your visit. Thank you again for your time. If you have any questions, please contact Alexander Dursin via email at alexanderdursin@sfsu.edu . We look forward to collaborating with you to bring the Ancestors and their cultural items home.

GUEST INFORMATION:

Guest First Name: Guest Last Name:

Guest Title or Role:

(For example: Councilmember, THPO, Elder, Cultural Committee Member, Cultural Practitioner)

Guest Address:

City: State: Zip Code:

Guest Email Address: Guest Cell Phone:

Relevant Tribe for NAGPRA and/or CalNAGPRA Activities:

NAGPRA/CAL NAGPRA Information:

Purpose of Visit:

(For example: identification, consultation, inventory or summary verification, repatriation, cultural visit).

Collections Requested for Viewing and/or Access:

(Please include as much information as feasible so that we can prepare for your visit. Trinomial Numbers are appreciated if available.)

Cultural Requests:

LODGING: Lodging Needed Yes No ADA Accessible Room Yes No

Lodging is provided via SF State's Guest Suite Program, at 800 Font Boulevard San Francisco, CA 94131.

Please note that check-in is at 3:00 pm and check-out is at 11:00 am. For more information, please see:

https://ces.sfsu.edu/guest-suite-accommodations.

Date: Estimated Arrival Time:

PARKING: Parking Needed Yes No

If Parking is needed, please provide License Plate Number:

(Due to parking space limitations we respectfully request carpooling, if feasible.)

MEALS: Meal Vouchers Yes No

Number of Meal Vouchers requested (up to 3 per day):

Meal Vouchers are valid at City Eats, 7 Hills Conference Center, 801 Font Blvd.

MILEAGE: Mileage Needed Yes No

Mileage is provided at the state rate of \$0.655/ mile round trip. If you are requesting mileage reimbursement, please fill out the Vendor 204 form (Attached). For more information, please see:

https://fiscaff.sfsu.edu/vendor-onboarding .

ELDER/ ADA ACCOMMODATIONS: Elder or ADA Accommodations Needed Yes No

Please describe:

SAN FRANCISCO STATE UNIVERSITY - VENDOR DATA RECORD 204 FORM

(Rev.11.2021)

This information is required from each vendor/contractor doing business with the State of California. This form is required in-lieu of IRS W-9 and State of California Form 204. The completed form must be on file with San Francisco State University prior to payment. Information provided in this form will be used by State agencies to prepare Information Returns (Form 1099).

1 NAME AND ADDRESS	PAYEE LEGAL NAME (Including DBA if applicable) -OR- INDIVIDUAL/ SOLE PROPRIETOR NAME (LAST, FIRST MI)		
	REMITTANCE ADDRESS		
	NUMBER/STREET/SUITE	CITY.STATE. ZIP CODE	
	A/R EMAIL ADDRESS	A/R PHONE NUMBER	
	PURCHASE ORDER ADDRESS		
	NUMBER/STREET/SUITE	CITY.STATE. ZIP CODE	
PURCHASING EMAIL ADDRESS		PURCHASING PHONE & FAX NUMBER (P#) (F#)	
CERTIFICATION: My Business is certified by the State of California's Office of Small Business Certification and Resources (OSBCR) as: <input type="checkbox"/> Disabled Veteran Owned Business <input type="checkbox"/> Small Business <input type="checkbox"/> Micro Business Certification Number: _____ Certification Number: _____			
2 TAX ID AND ENTITY TYPE	<input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR SSN: <input style="width:100px;" type="text"/>		
	<input type="checkbox"/> C-CORPORATION <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> EXEMPT FEIN: <input style="width:100px;" type="text"/> <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC): <input type="checkbox"/> (D) SINGLE MEMBER <input type="checkbox"/> (C) CORP <input type="checkbox"/> (S) CORP <input type="checkbox"/> (P) PARTNERSHIP		
3 PAYMENT TYPE	CHECK THE BOX WHICH BEST DESCRIBES YOUR PRIMARY BUSINESS WITH SFSU: <input type="checkbox"/> SUPPLIES / EQUIPMENT <input type="checkbox"/> LEGAL SETTLEMENTS <input type="checkbox"/> RENT / LEASE <input type="checkbox"/> SERVICES: LEGAL <input type="checkbox"/> RESEARCH / TRAINING <input type="checkbox"/> PRIZES / AWARDS <input type="checkbox"/> SERVICES: MEDICAL <input type="checkbox"/> ROYALTIES <input type="checkbox"/> NON-EMPLOYEE COMPENSATION (NEC)		
	Exempt payee code: _____ Exemption from FATCA reporting code: _____		
4 RESIDENCY DECLARATION FOR TAX PURPOSES	CALIFORNIA STATE TAX WITHHOLDING STATUS (Applies to all suppliers)		
	<input type="checkbox"/> CALIFORNIA RESIDENT INDIVIDUAL <input type="checkbox"/> CALIFORNIA BUSINESS ENTITY		
	<input type="checkbox"/> NON-CALIFORNIA RESIDENT INDIVIDUAL <input type="checkbox"/> NON-CALIFORNIA BUSINESS ENTITY <input type="checkbox"/> Waiver of State Withholding from California Franchise Tax Board attached <input type="checkbox"/> California Form 590 (Withholding Exemption Certificate) attached <input type="checkbox"/> ALL services for payments issued are performed OUTSIDE of California <input type="checkbox"/> No Services are being rendered, only goods are being proved for payment		NON-CA RESIDENTS: 7% may be withheld from payment unless one of the lower 4 boxes on left is applicable.
	FEDERAL INCOME TAX WITHHOLDING STATUS (Applies to all suppliers)		
<input type="checkbox"/> US citizen or a Permanent US Resident Alien with a Green Card <input type="checkbox"/> US Business Entity <input type="checkbox"/> Non-US citizen nor a Permanent US Resident Alien - See Tax Specialist Services performed in the US? <input type="checkbox"/> NO Attach: W-8BEN and Passport <input type="checkbox"/> YES Attach: W-8BEN, PASSPORT & VISA Non-immigration Visa Type: _____ <input type="checkbox"/> Non-US Business Entity: Services performed in the US? <input type="checkbox"/> NO <input type="checkbox"/> YES Attach: W-8BEN-E & Foreign Service Statement			
5 CERTIFYING SIGNATURE	ARE YOU CURRENTLY AN EMPLOYEE OF, OR DO YOU HAVE RELATIVES EMPLOYED AT SFSU? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, employee's name: _____ Dept Name: _____ Relationship: _____		
	<i>I hereby certify under penalty of perjury that the information provided on the document is true and correct. I will promptly notify SFSU of any changes.</i>		
	Name of Individual, or company Authorized Representative's Name		Title:
	Phone Number:	Email Address:	Website:
	signature		Date:
6 FINANCIAL SERVICES	TAX SPECIALIST:		VENDOR COORDINATOR:
			SUPPLIER #: _____ CREATED DATE: _____ CREATED BY: _____