Municipal Accountability Review Board (MARB) Request for Mileage Reimbursement (see Note 1) Statutory Authority: C.G.S. §7-576d(a)

Date:	
MARB Member Name:	
Last Four Digits of SSN:	
Address:	
Address:	
City:	
State:	
Zip Code:	

Travel Date	Purpose of Travel	Number of Miles	Rate \$0.655	Total
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
			\$ 0.655	\$0.00
Total Mileage Reimbursement:				\$0.00

0

For Business Office Use Only

Fund	Department	SID	Program	Account	Project
11000	OPM20900	10020	13007	50800	OPM00000001112

Note 1:

•This form is for use by MARB members who are not state employees

• Attach the following completed forms with your first request for reimbursement:

Agency Vendor form W-9 form ► Go to www.irs.gov/FormW9 for instructions and the latest information.

	2 Business name/disregarded entity name, if different from above						
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
u	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estat	e					
rint or type. Instructions		Exempt payee code (if any)					
£i ⊴	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►	_					
t c	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not che						
lns Ins	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC						
р Specific	Other (see instructions)	(Applies to accounts maintained outside the U.S.)					
	5 Address (number, street, and apt. or suite no.) See instructions. Requester's nar	ne and address (optional)					
See							
S	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
Par	t I Taxpayer Identification Number (TIN)						

Enter your TIN in the appropriate box. The TIN provided must match the name given on	line 1 to avoid Social security number
backup withholding. For individuals, this is generally your social security number (SSN).	However, for a
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later.	
entities, it is your employer identification number (EIN). If you do not have a number, see	How to get a
TIN, later.	or
Note: If the account is in more than one name, see the instructions for line 1. Also see V	Vhat Name and Employer identification number
Number To Give the Requester for guidelines on whose number to enter.	

Part II	Certification
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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 (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of			
Here	U.S. person >			

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

STATE OF CONNECTICUT - AGENCY VENDOR FORM

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

Ri	EAD & COMP	<u>'lete Carefu</u>	LLY	SP	P-26NB-IPDF Rev. 4/10
COMPLETE VENDOR LEGAL BUSINESS NAME			Taxpay	er ID # (TIN): 🔲 SSN	FEIN
BUSINESS NAME, TRADE NAME, DOING BUSINES		TEROM ADOVE)	WF	RITE/TYPE SSN/FEIN NUMBER AB	30VE
	LLC CORPORATIO			LLC SINGLE MEMBER	
NON-PROFIT NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIV	PARTNERSHIP			RIETOR GOVERNMEN	
BUSINESS TYPE: A. SALE OF COMMODITIES	B. MEDICAL	/	TORNEY FEE		
	D . MEDICIE	erri		(REAL ESTATE &	
E. OTHER (DESCRIBE IN DETAIL)					
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF				,	
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINE			,	ETTER FROM ABOVE) \rightarrow	
NOTE: IF YOUR BUSINESS IS A <i>PARTNERSHIP</i> , YO				RTNERS TO YOUR BID SUI	BMISSION.
NOTE: IF YOUR BUSINESS IS A <i>CORPORATION</i> , IN VENDOR ADDRESS STREET	WHICH STATE AR	E YOU INCORPORATE	CITY	STATE ZIP CO	DE
VENDOR ADDRESS STREET			CITY	STATE ZIPCO	DE
Add Additiona	al Business Address & (Contact information on bac	k of this form		
VENDOR E-MAIL ADDRESS		VENDOR WEB SIT			
Remittance Information: Indicate below th	HE REMITTANCE AI	DDRESS OF YOUR BUS	INESS. 🔲 SAN	ME AS VENDOR ADDRESS A	BOVE.
REMIT ADDRESS STREET			CITY	STATE ZIP CC	DE
CONTACT INFORMATION: NAME (TYPE OR PRINT)					
1 st Business Phone:	Ext. #	HOME PHONE:			
2 ND BUSINESS PHONE:	Ext. #	1 st PAGER:			
CELLULAR:		2 ND PAGER:			
1 st Fax Number:		TOLL FREE PHON	Ξ:		
2 ND FAX NUMBER:		TELEX:			
WRITTEN SIGNATURE OF PERSON AUTHORIZED T	O SIGN PROPOSAL	S ON BEHALF OF THE	ABOVE NAM	ED VENDOR DATE	Executed
			← SIGI	N HERE	
TYPE OR PRINT NAME OF AUTHORIZED PERSON			TITLE OF AUT	HORIZED PERSON	
IS YOUR BUSINESS CURRENTLY A DAS CERTIFI	FD SMALL BUSINE	SS FNTERPRISE?	VES (ATTACH	COPY OF CERTIFICATE)	
IS YOUR BUSINESS CURRENTLY A CT DOT CER			,	/ =	
IF YOU ARE A <i>STATE EMPLOYEE</i> , INDICATE YOU		Indeb Boshiebs Eri	TERU RUSE (BI		
AGENCY & AGENCY ADDRESS	CTOSITION,				
PURCHASE ORDER DISTRIBUTION:					
(E-MAIL ADDRESS)					
NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.					
ADD FURTHER BUSINESS ADDRESS, E	-MAIL & CONT	ACT INFORMATIC	ON ON SEPA	ARATE SHEET IF REQ	UIRED