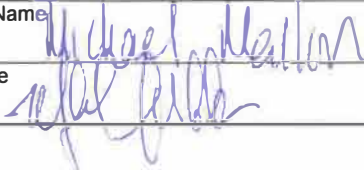


## Declaration of Wholesale or Entity Sales Tax Exemption

1. Purchaser Information		License or Exemption Information	
Legal Name NORTHEASTERN UNIVERSITY		Sales Tax License or Exemption Number 1000871936	
Trade Name (if different)		State MA	Expiration Date 01/03/2029
Mailing Address 360 HUNTINGTON AVE		Phone Number 617-373-2000	
City BOSTON		State MA	ZIP Code 02115
<b>2. Wholesale Exemption.</b> Mark the type of exemption, and describe your ordinary course of business.			
<input type="checkbox"/> Purchase for Resale <input type="checkbox"/> Manufacturing - Mark one of the following: <input type="checkbox"/> Ingredients or Component Parts <input type="checkbox"/> Machinery, Machine Tools, and Parts <input type="checkbox"/> Testing, Modification, or Inspection		Ordinary Course of Business, including the product(s) manufactured and/or sold:	
<b>3. Entity Exemption.</b> Enter a and b as required.			
<b>a. Mark the type of entity.</b>			
<input checked="" type="checkbox"/> 501(c)(3) Charitable Organization		<input type="checkbox"/> 501(c)(19) Veterans' Organization	
<input type="checkbox"/> U.S. or Colorado State or Local Government		<input type="checkbox"/> Affordable Housing Project	
<input type="checkbox"/> Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser:			
<input type="checkbox"/> Tribal Government		<input type="checkbox"/> Enrolled Tribal Member	
<input type="checkbox"/> Entity owned by tribe or member – Enter the total tribal ownership percentage:			
<b>b. Mark the type of qualifying payment, unless the exemption is for a tribal member or entity owned by a tribe or member.</b>			
<input type="checkbox"/> Purchase Authorization to be paid later			
<input type="checkbox"/> Cash with a purchase order from the entity		<input type="checkbox"/> Check issued by the entity	
<input type="checkbox"/> U.S. Government GSA SmartPay3 Card		<input type="checkbox"/> Colorado State or Local Government Credit Card	
<input type="checkbox"/> Non-Government Credit Card bearing the entity name or branded for commercial use			
<b>4. Other Exemption.</b> Describe the exemption claimed and how your purchase qualifies.			
Exemption Claimed Northeastern University is a Tax Exempt Organization under IRC Sec. 501(c)(3)		Qualifications Education purposes.	
<b>5. Purchaser Signature</b>			
I declare that the purchases I make using this form qualify for exemption from Colorado sales and use taxes as entered above, and that I am the purchaser or have the authority to execute this form on behalf of the purchaser.			
Printed Name Michael Mallickon		Title Head of P2P Operations	
Signature 		Date (MM/DD/YY) 11/21/2023	



## Standard Colorado Affidavit of Exempt Sale

This form is required by the State of Colorado for any transaction on which an exemption from state tax is claimed for charitable and government entities. The seller is required to maintain a completed form for each tax-exempt sale. **Furnish this form to the seller. Do not return this form to the State of Colorado.**

Purchase Details				
<input type="checkbox"/> <b>Purchase for resale - or -</b> <input type="checkbox"/> <b>Purchase for wholesale</b> (see instructions) State license number (not FEIN number): _____ Issuing state _____ Expiration _____ (Attach a copy of state license) <input type="checkbox"/> I affirm items purchased are for resale/wholesale in the ordinary course of business. Initial _____				
<input checked="" type="checkbox"/> <b>Purchase by religious or charitable organization (exemptions may vary by jurisdiction)</b> State tax-exempt number (not FEIN number): _____ MA CERTIFICATE NO: 1000871936 (Attach a copy of state exemption certificate) <b>Payment information (required to meet one of the following):</b> <input type="checkbox"/> Paid by cash and accompanied by a purchase order from the organization <input type="checkbox"/> Paid by check drawn on funds of the exempt organization <input type="checkbox"/> Paid by purchasing card bearing information of the exempt organization The embossed name of the card is: _____ <input type="checkbox"/> Paid by commercial card not a personal credit card - card's last four digits: _____				
<input type="checkbox"/> <b>Purchase by federal, state, or local government</b> Credit card number (first six and last four only): _____ - _____ XX-XXXX- _____ <b>Federal government (payment information - required to meet one of the following):</b> <input type="checkbox"/> GSA SmartPay3 card – fleet card with picture of a road and flag <input type="checkbox"/> GSA SmartPay3 card – purchase card with picture of a keyboard and flag <input type="checkbox"/> GSA SmartPay3 card – travel card with picture of an airplane and flag <input type="checkbox"/> GSA SmartPay3 card – integrated card with picture of an eagle and flag <input type="checkbox"/> Dept of Interior agency issued card – agency name _____ <b>State and local government (payment information - required to meet one of the following):</b> <input type="checkbox"/> Paid by check issued by and drawn on funds from the government agency <input type="checkbox"/> Paid by government purchase card as designated on the card State tax-exempt number printed on the card (Colorado only): _____ <input type="checkbox"/> Check if the card states "for official state use only" or "tax exempt"				
<input type="checkbox"/> <b>Purchase by foreign and diplomatic exemptions (required to meet the following):</b> <input type="checkbox"/> Purchaser presents a state department issued card with the name/photo of the bearer on the card. If presented with this card, documentation of form of payment is not required (excluding mission card).				
Purchaser Information				
Legal Name of Company/Organization/Agency Name NORTHEASTERN UNIVERSITY			Purchaser Name (Printed)	
Address 360 HUNTINGTON AVE		City BOSTON	State MA	Zip + 4 02115
Phone 617-373-2000	State/Driver License # MA/1000871936	Description of Normal Course of Business EDUCATION		
Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.				
Signature 			Date 11/21/2023	
Seller Verification				
Seller Name	Location #	Date	Transaction ID	Employee ID# / Initials
Description of Items Purchased or Attach Duplicate Receipt/Invoice				Exempted Amount of Purchase