

C/O Disbursements  
60 Athlete's Way N  
STE 200  
Mt. Juliet, TN 37122-4440

**STATEMENT REGARDING  
LOCATION OF SERVICES TO BE PERFORMED**  
*(FOR INTERNATIONAL INDEPENDENT CONTRACTORS & SUPPLIERS ONLY)*

I affirm or certify the following in my individual capacity or within my capacity as a bona fide representative of:

\_\_\_\_\_  
[Business Entity Name]

1. I or the business entity I represent, am (is) not a U. S. Citizen or Permanent Resident, or Resident Alien for US TAX Purposes;
2. The business entity named above is located in the country \_\_\_\_\_ and has a tax residence in the country \_\_\_\_\_.
3. The following services will be performed in the USA by myself or the business entity I represent:  
*(Mark all that apply)*

Repair services

Maintenance services

Installation of equipment or software

Attend professional meeting and conferences on behalf of Vanderbilt

Medical Center

Provide copyrights, licenses (including software licenses)

Provide right of use of a product subject to royalty payments

Independent personal services

Services as an independent Artist or Performer

Other services: \_\_\_\_\_

**None of the above**

4. All of the services performed, or to be performed, on behalf of Vanderbilt Medical Center, as agreed upon under separate contract or other document, will be performed outside of the USA. All services will be conducted in the country \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*(Send completed form to [VUMCdisbursement@vumc.org](mailto:VUMCdisbursement@vumc.org))*