



BILLING AND LEASE SCHEDULE INFORMATION

(THIS FORM MUST BE COMPLETED BY THE INDIVIDUAL SIGNING THE DOCUMENTS AND A MEMBER OF YOUR ACCOUNTS PAYABLE TEAM)

I. INVOICING/BILLING:

Will your accounts payable be for:

- 1 Central Location 1 for each Dept, Campus, Agency (need address for each)

Customer's accounts payable address for invoices

Company Name LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
(as filed with your Secretary of State) LFUCG
Address: DIVISION OF ACCOUNTING
200 E. MAIN ST.
LEXINGTON, KY 40507
City, State, Zip:
County:
Attention:
Telephone Number:
Fax: Number:
E-Mail Address:

See attached

Is a Purchase Order # required on the invoice? Yes No

TAX: Where required, Sales/Use Tax will be assessed and invoiced.

Does the Customer hold a valid exemption or direct pay certificate? Yes No
If yes, please ATTACH a copy of the certificate for each state to this document.

(NOTE: A certificate must be provided for each state in which leased Products are located.)

UCC Information Required:

Federal Tax ID#: 61-0858140 Type Of Organization: GOVT
State Of Organization: Ky State ID#: 028048

How will your Purchase Orders be placed? Will one Purchase Order cover:

- 1 Order Release Multiple Order Releases Blanket Purchase Order



Lexington-Fayette Urban County Government  
DEPARTMENT OF FINANCE & ADMINISTRATION

Jim Gray  
Mayor

William O'Mara  
Commissioner

**ACCOUNTS PAYABLE SUPERVISOR:** Deborah Gerardi  
**TELEPHONE:** 859-258-3311  
**FEDERAL I.D. NUMBER:** 61-0858140  
**TAX EXEMPT NUMBER:** CT-034-100  
**OWNERSHIP:** LOCAL GOVERNMENT

**BANK REFERENCE**

JP MORGAN CHASE  
201 EAST MAIN STREET  
LEXINGTON, KY 40507  
859-233-0626

**BUSINESS REFERENCES**

SCHILLER HARDWARE  
1032 RUSHWOOD CT  
LEXINGTON, KY 40511  
859-233-4427  
Fax 859-253-2831

FLEETPRIDE  
1403 MERCER RD  
LEXINGTON, KY 40511  
859-225-5555  
Fax 859-225-5799

SWH SUPPLY  
1290 INDUSTRY ROAD  
LEXINGTON, KY 40505  
859-254-8273  
Fax 859-281-1048

**BILLING ADDRESS**

L.F.U.C.G.  
DIVISION OF ACCOUNTING  
200 EAST MAIN STREET  
LEXINGTON, KY 40507

**TERMS: NET 30 WORK DAYS / 1% PER MONTH**

**ONLY EMPLOYEES WITH VALID PURCHASE ORDERS ARE ALLOWED TO PURCHASE**

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT**  
**BALANCE SHEET**  
**GOVERNMENTAL FUNDS**  
**June 30, 2013**

	General	Urban Services	Federal and State Grants	Other Governmental Funds	Total Governmental Funds
<b>ASSETS</b>					
Cash	\$23,488,566	\$8,991,589	\$385,578	\$6,350,159	\$39,215,892
Investments	24,962,988	21,328,405		8,605,276	54,896,669
Receivables:					
Loans			3,384,441		3,384,441
License Fees	16,233,772				16,233,772
Other	9,271,024	197,114		77,729	9,545,867
Less Allowance for Uncollectible Amounts	(4,341,956)		(3,384,441)		(7,726,397)
Due from Other Governments			5,599,526		5,599,526
Due from Component Units	718,884				718,884
Due from Fiduciary Funds	279,833				279,833
Due from Other Funds				2,747,488	2,747,488
Inventories and Prepaid Expenses	1,405,198	175		22,376	1,427,749
Restricted Investments	901		27,920	26,257,701	26,286,522
<b>Total Assets</b>	<u>\$72,019,210</u>	<u>\$30,517,283</u>	<u>\$6,013,024</u>	<u>\$44,060,729</u>	<u>\$152,610,246</u>
<b>LIABILITIES AND FUND BALANCES</b>					
Liabilities:					
Accounts and Contracts Payable	\$6,838,626	\$962,958	\$2,196,827	\$3,873,084	\$13,871,495
Accrued Payroll & Related Liabilities	5,718,143	300,348	124,576	5,797	6,148,864
Due to Other Funds	2,937,772	611,565	2,039,022	2,897,855	8,486,214
Due to Other Governments				908,899	908,899
Due to Component Units	1,290,466				1,290,466
Unearned Revenue and Other	822,391		390,499		1,212,890
<b>Total Liabilities</b>	<u>17,607,398</u>	<u>1,874,871</u>	<u>4,750,924</u>	<u>7,685,635</u>	<u>31,918,828</u>
Fund Balances:					
Nonspendable	1,405,198	175		22,376	1,427,749
Restricted for:					
Public Works				9,032,953	9,032,953
Public Safety				1,659,378	1,659,378
Capital Projects				25,214,697	25,214,697
Grants Projects			1,262,100		1,262,100
Urban Services		28,631,854			28,631,854
Energy Improvement Projects	408,227	10,383			418,610
Committed for:					
General Government	6,612,684				6,612,684
Economic Stabilization	23,290,466				23,290,466
Assigned to:					
General Government	10,325,000			445,690	10,770,690
Capital Projects	8,060,560				8,060,560
Unassigned	4,309,677				4,309,677
<b>Total Fund Balances</b>	<u>54,411,812</u>	<u>28,642,412</u>	<u>1,262,100</u>	<u>36,375,094</u>	<u>120,691,418</u>
<b>Total Liabilities and Fund Balances</b>	<u>\$72,019,210</u>	<u>\$30,517,283</u>	<u>\$6,013,024</u>	<u>\$44,060,729</u>	<u>\$152,610,246</u>

The accompanying notes are an integral part of the financial statements.

CT-34-100

Exemption Number

Lexington-Fayette Urban County Govt

Name of Exempt Institution

Important - Certificate not valid unless completed.

PURCHASE EXEMPTION CERTIFICATE

Check Applicable Block

Blanket

Single Purchase

I hereby certify that LFUCG is a Kentucky resident, nonprofit educational, charitable or religious institution, or Kentucky historical site, located at 200 E Main St Lex, Kentucky and that the tangible personal property, digital property or services to be purchased from

Name of Vendor

Address

will be used solely within the exempt function of a charitable, educational or religious institution, or historical site.

Description of property to be purchased:

In the event that the property purchased is not used for an exempt purpose, it is understood that I am required to pay the tax measured by the purchase price of the property.

Any official or employee who uses this certificate to make tax-free purchases for his own personal use or that of any other person will be subject to the penalties provided in KRS 139.990 and other applicable laws.

Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

Deborah Herold Authorized Signature

AP Superintendant Title 2/10/14 Date

CAUTION TO SELLER: This certificate cannot be issued or used in any way by a construction contractor to purchase property to be used in fulfilling a contract with an exempt institution. Sellers accepting certificates for such purchases will be held liable for the sales or use tax.

DEPARTMENT OF REVENUE Frankfort, Kentucky 40620

51A126 (12-09)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT</b>	
	Business name/disregarded entity name, if different from above <b>LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT</b>	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>GOVERNMENT</b>	
	Exemptions (see instructions):  Exempt payee code (if any) <u>  X  </u> Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) <b>200 EAST MAIN STREET</b> City, state, and ZIP code <b>LEXINGTON KY 40507</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																							
Social security number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>													Employer identification number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;">6</td><td style="width: 5%;">1</td><td style="width: 5%;">-</td><td style="width: 5%;">0</td><td style="width: 5%;">8</td><td style="width: 5%;">5</td><td style="width: 5%;">8</td><td style="width: 5%;">1</td><td style="width: 5%;">4</td><td style="width: 5%;">0</td> </tr> </table>	6	1	-	0	8	5	8	1	4	0
6	1	-	0	8	5	8	1	4	0														
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																							

<b>Part II Certification</b>
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.
<b>Certification instructions.</b> 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>S. Chumbie</i>	Date ▶ <i>January 1, 2014</i>
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### General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

- 1 Ship to Address     Multiple Ship To Locations  
 1 Group Only         Multiple Groups (Depts, Campuses, Agencies)  
 Entire Lease Term     Specific Periods - Explain \_\_\_\_\_

**Please Describe your Requirements?**

- Will Shipping be:     Financed     Billed Separately     No charge by Dell  
 Can you have:         More than one PO#/Invoice     Only 1 PO#/Invoice  
 Can your PO be:      Split between 2 or more invoices     Must be fulfilled in 1 Invoice  
 Will you lease:       Dell Equipment only             Other Vendor(s) Equipment

**Please Describe your Organizational Structure:**

- Commercial             Public/Municipal     Other-Explain \_\_\_\_\_  
 1 Group Only             Multiple Groups (Depts, Campuses, Agencies)  
 1 Accounts Payable     Multiple Accounts Payable (1 per Dept, Campus, Agency)  
 Lease Schedules will be reviewed by one person     Requires multiple step approval process

**Commencement is:**

- 1st of following month     Acceptance     Other - Explain \_\_\_\_\_

**Interim Rent is:**

- Charged                 Not charged     Other - Explain \_\_\_\_\_

**Property Tax is:**

- Rebilled Annually                                     Other - Explain \_\_\_\_\_

**Fiscal Year is from \_\_\_\_\_ to \_\_\_\_\_.**

**Notations:**

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**II. PREPARING CUSTOMER'S A/P SYSTEM TO REMIT PAYMENTS TO DFS:**

Below is information commonly requested by customers in order to assist them in setting up their accounts payable system to pay DFS:

**Payee Name and Address:**

Dell Financial Services  
Payment Processing Center  
P.O. Box 6549  
Carol Stream, IL 60197-6549

DFS's Federal Tax ID # is: 74-2825828 ✓

What information will you require in order to set up payments to DFS as a recurring payable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PAYMENT METHODS to DFS**

**VIA CHECK**

**Mail To:** Dell Financial Services ✓  
Payment Processing Center  
P.O. Box 6549  
Carol Stream, IL 60197-6549

**VIA WIRE TRANSFER**

**Please reference all information listed below to ensure proper credit each time a wire transfer is made:**

Payable to: Dell Financial Services L.L.C.  
ABA #: 026009593  
Account #: 81882-04944  
Contract#: \_\_\_\_\_  
Schedule #: \_\_\_\_\_  
DFS Invoice #: \_\_\_\_\_

N.A.

**VIA ACH**

Payable to: Dell Financial Services L.L.C.  
ABA #: 0710-0003-9  
Account #: 81882-04944  
Contract#: \_\_\_\_\_  
Schedule #: \_\_\_\_\_  
DFS Invoice #: \_\_\_\_\_

N.A.

**IV. LEASE SCHEDULES:**

**Please refer to the Lease Schedule Sample attached.**

Name of recipient(s) to receive monthly Lease Schedules to reconcile:

Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone & FAX Numbers: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Name of individual(s) to sign monthly Lease Schedules (this individual should be named as an authorized signatory on the Secretary/Clerk Certificate):

Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone & FAX Numbers: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**V. LEASED ASSET REPORT**

**Please refer to the attached Lease Asset Report Sample.**

Will you require a Leased Asset Report?  Yes  No

If yes, how frequent?  Monthly  Quarterly  Annually  Other \_\_\_\_\_

Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Would you prefer to have your Leased Asset Report posted to your Premiere Page?  Yes  No

Login: \_\_\_\_\_  
Address: \_\_\_\_\_

**PLEASE ADVISE LESSOR AT THE ADDRESS LISTED BELOW OF CHANGES IN THE INFORMATION PROVIDED ABOVE.**

Please return this document along with all other required documents to:  
**DELL FINANCIAL SERVICES L.L.C.**  
**Public Segment Lease Administration**  
One Dell Way  
RR3-56  
Round Rock, TX 78682  
Attn: DFS Contracts & Proposals

Completed By:

Lessee: Lessee Document Signatory  
By: [Signature]  
Name: JIM GRAY  
Title: MANAGER  
Date: 3/5/14

Lessee Accounts Payable Representative  
[Signature]  
S. Chumble  
Admin. Specialist Sr.  
2/28/2014