

# Purchase Change Request



Marshall University  
Office of Purchasing  
One John Marshall Drive  
Huntington, WV 25755-4100

**Order #**  
GamePay/16

|            |             |                   |                    |                        |                        |
|------------|-------------|-------------------|--------------------|------------------------|------------------------|
| FY<br>2023 | Buyer<br>JH | Date<br>9/16/2022 | Account<br>Various | P.O. Date<br>11/2/2012 | Contract<br>GamePay/16 |
|------------|-------------|-------------------|--------------------|------------------------|------------------------|

|  |   |  |
|--|---|--|
| <b>Document</b><br><input type="checkbox"/> Requisition (Cancellation only)<br><input type="checkbox"/> Regular Purchase Order<br><input type="checkbox"/> Contract Purchase Order<br><input checked="" type="checkbox"/> Open End Contract Purchase<br><input type="checkbox"/> Agreement | <b>Document Action</b><br><input type="checkbox"/> Cancellation<br><input type="checkbox"/> Increase/Decrease<br><input type="checkbox"/> Unused Balance<br><input type="checkbox"/> Freight<br><input checked="" type="checkbox"/> Renewal<br><input type="checkbox"/> Extension Error | <input type="checkbox"/> Error in Total Amount<br><input type="checkbox"/> Change of Account<br><input type="checkbox"/> Change of Vendor Name/Address<br><input type="checkbox"/> Other |
|--|---|--|

|   |                              |  |
|---|------------------------------|--|
| Vendor Name, Address, Phone #, etc.<br>ARBITERPAY<br>235 W SEGO LILY DR STE 200<br>SANDY UT 84070 | Vendor Code <b>276220879</b> | BOG Unit Name & Address<br>Marshall University<br>Office of Purchasing<br>One John Marshall Drive<br>Huntington, WV 25755-4100 |
| Ph# 800-311-4060  | Fax                          | FEIN# 276220879  |

| Item# | Quantity | Description of Change   | Unit Price | Extended Price |
|-------|----------|---|------------|----------------|
|       |          | <p align="center"><b>Change Order # 11</b></p> <p>To renew contract GamePay/16 all in accordance with the terms, conditions, and specifications contained in the original contract and all authorized change orders.</p> <p align="center"><b>SPORTS OFFICIALS PAYMENT SERVICES CONTRACT</b></p> <p>Fee: \$5.00 per payment/assignment</p> <p>Effective: 7/1/2022 - 6/30/2023</p> <p>Note: ArbiterPay is the Sole Source vendor for these services.</p> |            |                |

|                                     |                |    |          |
|-------------------------------------|----------------|----|----------|
| Reason for Change: Contract Renewal | Previous Total | \$ | Open-End |
|                                     | Increase       | \$ |          |
|                                     | Decrease       | \$ |          |
|                                     | New Total      | \$ | Open-End |

Approved:

*Michelle Wheeler*  
Authorized Signature

*9/16/22*  
Date

N/A  
Attorney General if required

Date



Office of Purchasing

June 30, 2020

ArbiterPay  
235 W Segoe Lily Dr. Ste 200  
Sandy, UT 84070

**Re: Contract Renewal for GamePay/16**

To Whom It May Concern:

The above referenced contract will expire June 30, 2022. There is a provision for another extension upon written mutual agreement of the parties.

Please annotate on the bottom of this letter, with your signature and date, if you agree to renew contract **GamePay/16** effective July 1, 2022 through June 30, 2023 under the same terms and conditions. Enclosed is a Purchasing Affidavit which requires signature and notarization as well.

Please return the letter and the enclosed purchasing affidavit signed in the original to the noted below.

Marshall University Office of Purchasing  
One John Marshall Drive  
Huntington, WV 25755-4100

If you have any questions, please feel free to call me at 304-696-2820.

Sincerely,

Justin Hawthorne  
Purchasing Agent  
Marshall University

I agree to extend the current contract # **GamePay/16** for an additional one (1) year extension under the same terms and conditions.

Yes  No

Yes, subject to the following changes indicated below or in the attached letter.

9/15/2022

Signature

Date

Dustin Derrick

Printed Name

Director of Compliance

Title

Comments:

**WE ARE... MARSHALL**

One John Marshall Drive • Huntington, West Virginia 25755-4100 • Tel 304/696-2821  
A State University of West Virginia • An Affirmative Action/Equal Opportunity Employer

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: ArbiterPay

Authorized Signature: [Signature] Date: 9/14/2022

State of Utah

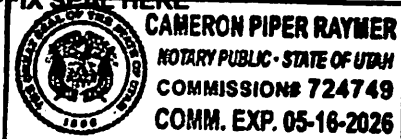
County of Salt Lake, to-wit:

Taken, subscribed, and sworn to before me this 15th day of September, 2022

My Commission expires 05/16/2026, 2026

05/16

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]



Department of Athletics

DATE: July 24, 2012

TO: Stephanie Smith

FROM: David Steele *(Handwritten signature)*

RE: PayOGFE – Sole Source

I am requesting a sole source approval of PayOGFE, based on their exclusive use of the GamePay software. This software provides a fully integrated payment and reporting system

They have been an extremely reliable vendor for Marshall Athletics since 2007 and have greatly improved our office efficiency. The total amount of payments to this vendor is estimated at less than \$4,000 for the year. Continued use of this vendor also allows access to payment history for officials through use of the system.

Their client list includes four BCS conferences, the Big 12, Big Ten, ACC, Pac 12 and a number of other Division I programs and officiating organizations.

Thank you for your consideration of this request

RECEIVED  
MARSHALL UNIVERSITY  
OFFICE OF PURCHASING  
2012 AUG 11 AM 1:09

*Approved Stephanie Smith*  
8/10/12

Vendor/Customer

| Vendor/Customer | Legal Name            | Alias/DBA | Vendor Active Status | Customer Active Status | Previous Name |
|-----------------|-----------------------|-----------|----------------------|------------------------|---------------|
| VC0000027606    | REFPAY TR DTD 7-31-09 |           | Active               | Inactive               |               |
| ✓ VC0000028026  | ARBITERPAY            |           | Active               | Inactive               |               |

From 1 to 2 of 2 First Prev Next Last [Attachments](#)

Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#)

▼ General Info

|  |   |
|--|---|
| Vendor/Customer : VC0000028026                             | Restrict Use by Department :                      |
| Legal Name : ARBITERPAY                                    | Miscellaneous Account :                           |
| Alias/DBA :  | Internal Account :                                |
| Vendor Active Status : Active <input type="checkbox"/>     | Third Party Only :                                |
| Vendor Approval Status : Complete                          | Third Party Vendor :                              |
| Customer Active Status : Inactive <input type="checkbox"/> | Third Party Customer :                            |
| Customer Approval Status : Incomplete                      | Inventory Customer :                              |
| Location Name :  | Healthcare Provider :                             |
| First Name :   | Never Archive :                                   |
| Middle Name :  | Restrict VSS Access : No <input type="checkbox"/> |
| Last Name :  | Discontinue - No New Business :                   |
| Company Name : ARBITERPAY                                  | Prevent MA Reference :                            |
| Previous Name :  | PunchOut Enabled :                                |
| Previous Street :  | Re-PunchOut Enabled :                             |
| Previous City :  | Electronic Order Enabled :                        |
| Previous State/Province :                                  | W-9 Received :                                    |
| Previous Country :   | W-9 Received Date :                               |
|  | W-8 Received :                                    |
|  | W-8 Received Date :                               |
|  | Accepts Credit Cards :                            |
|  | Active From : 09/28/2015                          |
|  | Active To :                                       |
|  | Last Usage Date : 06/29/2022                      |
|  | Department :                                      |
|  | Unit :  |

▼ Headquarters

|   |  |
|---|--|
| Headquarters Account : No                               | Web Address http:// :                                  |
| Headquarters Account Code : VC0000027606                | Catalog DUNS :   |
| Headquarters Account Legal Name : REFPAY TR DTD 7-31-09 | Catalog Extended DUNS :                                |
| Franchise Account :                                     | Catalog Unique Entity Identifier :                     |
|   | Taxpayer ID Number : *****0879                         |
|   | Taxpayer ID Number Type : EIN <input type="checkbox"/> |

▼ Organization

|  |  |
|--|--|
| Organization Type : Company <input type="checkbox"/> | 1099 Indicator : Yes                                   |
| 1099 Classification : Trust <input type="checkbox"/> | 1042-S Indicator :                                     |
| 1042-S Ch. 3 Recipient Code :                        | Taxpayer ID Number : 276220879                         |
| 1042-S Ch. 4 Status Code :                           | Taxpayer ID Number Type : EIN <input type="checkbox"/> |
| Number of Employees : <input type="checkbox"/>       | Detailed TIN Type :                                    |
| Merchant ID :  | Foreign Tax ID :                                       |
| Sex : <input type="checkbox"/>                       | GIIN :   |
| Date of Birth :                                      | 1042-S Recipient Account Number :                      |
| Marital Status : <input type="checkbox"/>            | W-8 Form : <input type="checkbox"/>                    |
| Annual Income : <input type="checkbox"/>             | Tax Profile :  |
| IRS Country of Residence :                           | Tax Profile Name :                                     |
| IRS Country Sub Code :                               | EBIC Number :  |
| Contract Withholding Exempt :                        | IAEC Number :  |
| National Provider ID :                               | Web Address http:// :                                  |
| Assigning Authority :                                | Employee ID :  |
| CAGE Code :  | Employee Status : <input type="checkbox"/>             |
| Permanent Staffed Office in State :                  | Supplier Shared Secret :                               |

▼ Disbursement Options

|   |   |
|---|---|
| Category : DIRC                                     | Hold Payment :  |
| Description : Direct Payments                       | Hold Payment Authorized By :                                      |
| Default Type : Check                                | Hold Payment Authorized On :                                      |
| Default Priority : 99                               | Hold Reason :   |
| Default Format : REG                                |   |
| Default Format Description :                        | Prevent New Spending : <input type="checkbox"/>                   |
| Scheduled Payment Day :                             | Prevent New Orders : For All Departments <input type="checkbox"/> |
| Single Payment Indicator :                          | Third Party Code :  |
| Name on Check : Legal Name <input type="checkbox"/> | Third Party Name :  |
| Eligible for VCA Payments :                         | Third Party Approved By :   |
| VCA Effective From Date :                           | Third Party Approved On :   |
| VCA Effective To Date :                             | Third Party Reason :  |
| VCA Primary Email :                                 |   |
| VCA Secondary Email :                               |   |
| VCA Comments :                                      |   |

Always Infer Third Party Vendor :  
Third Party Address ID :

▼ Prenote/EFT

|  |                                     |
|--|-------------------------------------|
| Generate EFT Payment :                           | EFT Format :                        |
| ABA Number :                                     | EFT Format Description :            |
| Bank Name :                                      | EFT Status :                        |
| Account Type :                                   | Last Status Change :                |
| Account Number :                                 | EFT Status Description :            |
| Routing ID Number :                              |                                     |
| Bank Phone Number :                              |                                     |
| Prenote Requested Date :                         | Prenote Return Reason Explanation : |
| Prenote Return Reason :                          |                                     |
| Prenote Return Reason Message :                  |                                     |
| Foreign Correspondent Bank Name :                | W-9 Mailing Date :                  |
| Foreign Correspondent Bank Branch Country Code : | W-9 Response Date : 01/25/2015      |
| Account Number Linkage to Provider Identifier :  |                                     |
| Reason for Submission :                          |                                     |

▼ Remittance Advice

Remittance Advice Required :  
 Remittance Advice Format :  
 Remittance Advice Format Description :  
 Remittance Advice Transmission Mode :

▼ Vendor Terms

|                      |                      |
|----------------------|----------------------|
| Number of Days 1 :   | Number of Days 3 :   |
| Discount Percent 1 : | Discount Percent 3 : |
| Discount Always 1 :  | Discount Always 3 :  |
| Number of Days 2 :   | Number of Days 4 :   |
| Discount Percent 2 : | Discount Percent 4 : |
| Discount Always 2 :  | Discount Always 4 :  |

▼ Accounts Receivable

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| Default Receipt Type :               | Bill Headquarters :                   |
| Default Billing Profile :            | Bankruptcy :                          |
| Cost Accounting Funding Type :       | Central Statement BPRO :              |
| Credit/Debit Card Type :             | Central Statement Billing Location :  |
| Credit/Debit Card Number :           | Central Statement Address ID :        |
| Name on Card :                       | Suppress Central Statement :          |
| Credit/Debit Card Expiration Month : | Suppress Central Past Due Statement : |
| Credit/Debit Card Expiration Year :  |                                       |

▼ eMALL

|                            |                                 |
|----------------------------|---------------------------------|
| DUNS :                     | Preferred Ordering Method :     |
| Extended DUNS :            | Pcard Acceptance Level :        |
| Unique Entity Identifier : | Create Certification Document : |
| Internet Catalog :         | Vendor Preference Level : 99    |
| VSS Registered :           |                                 |

▼ Location Information

\*Verify My Locations by : Use My TIN Number  
 Vendor Verification Based On : Please verify that you are par  
 Vendor Verification Password : .....  
 Send Activation Code :  
 Activation Email Address :  
 Activation Code :  
 Confirm Activation Code :  
 Requestor Name :  
 Requestor Phone Number :  
 Confirm Verifications : .....

► Fee and Vendor Compliance Holds

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Fee Exempt :                    | Tax Clearance :                   |
| Registration Application Date : | Unemployment Insurance :          |
| Registration Effective Date :   | Worker's Compensation :           |
| Registration Expiration Date :  | Secretary of State Registration : |
| Pre-Registration Code :         | Federal Debarred :                |

► Executive Compensation

▼ Additional Information

|                         |                        |
|-------------------------|------------------------|
| Miscellaneous Field 1 : | Miscellaneous Flag 1 : |
| Miscellaneous Field 2 : | Miscellaneous Flag 2 : |
| Miscellaneous Field 3 : | Miscellaneous Flag 3 : |
| Miscellaneous Field 4 : |                        |
| Miscellaneous Field 5 : |                        |
| Miscellaneous Field 6 : |                        |

Miscellaneous Field 7 :

▼ Travel

Traveler :   
Travel Policy :   
Allow Traveler Advances :   
PCard ID : 

▼ Change Management

Created By : fryki1  
                  Kimberly J Fry  
Created On : 09/28/2015  
Last Approved By : kirktr2  
                  Trent G Kirk  
Last Approved On : 02/25/2022  
Date Registered : 09/28/2015  
Last Modified By : fryki1  
                  Kimberly J Fry  
Last Modified On : 02/24/2022  
Comments :

[Top](#)

CREATE DOCUMENT> [Create New Record](#) [Modify Existing Record](#)

UPDATE> [Headquarters](#) [Add 1099 Information Entry](#) [Add 1042-S Reporting Information Entry](#) [Vendor Business Types By Commodity](#)

SEARCH BY> [Master Contacts](#) [Master Addresses](#) [Vendor Commodity](#) [Vendor Addresses](#) [Vendor Business Types](#) [Vendor Service Areas](#) [VCM Query](#) [Historical Vendor Information](#)  
[Vendor Transaction History](#)