



Vendor Request/Change Form

Campus/ Department: _____

Date: _____

New

Change

Employee

Vendor Name:		Bid#/CO-OP:	
Name used by IRS (DBA)		Federal ID#: _____ <input type="checkbox"/> EIN/TIN <input type="checkbox"/> SSN	
<i>We Pay this vendor for the following (Check as many as applicable):</i> Section A: W-9 Required <input type="checkbox"/> Consultants (#7) <input type="checkbox"/> Repairs (#7) <input type="checkbox"/> Contract Services (#7) <input type="checkbox"/> Rental Products/Equipment (#1) <input type="checkbox"/> Officials (#7) <input type="checkbox"/> Scholarships (#7)		Section B: W-9 Required <input type="checkbox"/> Medical Payment <input type="checkbox"/> Fees, Dues <input type="checkbox"/> Memberships <input type="checkbox"/> Tax Refund <input type="checkbox"/> Hotel	
Reason:			
Signature:			
Purchase Order	<input type="checkbox"/> Remit to address same as PO address	<input type="checkbox"/> Send 1099 to this address	
Name (Contact)			
Address			
City	State	Zip	
Phone	E-mail		
Fax			
Remit To		<input type="checkbox"/> Send 1099 to this address	
Contact Name <small>(if different from above)</small>			
Address			
City	State	Zip	
Phone	E-mail		
Fax			
Purchasing Dept. Use			
Approved by/Date:		Debarment:	YES/NO
Entered by:		1099 Vendor:	YES/NO