## **Vendor Entry Request Form**

Please select one: Add New Vendor	Change /Addition to Existing Vendor #
Name of Vendor	
Web URL (if available)	
Address	
Remit to address if different	
Vendor Contact	
Phone Fax	Cell
E-mail address	
Reason for vendor request; please che	ck all that apply, <b>MUST</b> include details.
Reimbursement for:	
Purchasing goods and supplies:	
Paying for services or work performed:	
Paying for registration or entry fee(s):	
Vendor W9 and E-Verification Affidavit (	(if applicable) are included
applicable) to melissa.ross@lsr7.nd Purchasing Procedures. Vendors available for Purchase Orders or 0	dor entry form, vendor's W9 and E-Verify (if et and allow 5 business days for verification of s cannot be set-up in the system and are not Check Requests until this process is complete.  Colleted <b>prior</b> to services being rendered*~*
New vendor requested by:	Date:
Dept/Bldg administrator approval:  ORIGINAL	Date: SIGNATURES ARE REQUIRED
Purchasing Department/ Business Services De	epartment Use Only:
PEID Vendor request entered	