



## VENDOR RECORD MANAGEMENT FORM

This form will be utilized for the sole purpose of loading new vendor records or modifying existing vendor records.

Date:

- New Vendor Record:  Yes  No
- Modification of an Existing Vendor Record:  Yes  No

Vendor Operating Name (dba):		
Vendor Legal Name:		
DUNS Number:		
Street Address:		
Street Address (additional):		
City:	State:	Zip Code:
Reason for Load/Modification:		
Vendor Representative Name:		
Vendor Representative Title:		
Vendor Representative Signature:		
Vendor Representative Phone No.:		
Vendor Representative Email Address:		

**ATTENTION NEW VENDORS:** ALL new vendors must submit an IRS form W-9 accompanied with this form. Additionally, prior to starting work, ALL Services related vendors are required to be "Jessica Lunsford Act" compliant and must submit a Certificate of Insurance. Please send these forms to the following email addresses: [jbeck@volusia.k12.fl.us](mailto:jbeck@volusia.k12.fl.us) and [irabreu@volusia.k12.fl.us](mailto:irabreu@volusia.k12.fl.us)

### INTERNAL USE ONLY

Approved by (Buyer):	Loaded by (OS):	Date Loaded:
Assigned Vendor Code:		Assigned Vendor Location: