# VENDOR AUTHORIZATION/ CHANGE FORM

WHAT...WHY...WHEN...

#### What is a Vendor Authorization/Change Form?

The purpose of this form is to define the process for requesting a new vendor or a change to an existing vendor.

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Campus/	Vendor Authorization	/Change Fo	orm
Department:	Change Student A	ctivity Accou	Date: untEmployee
Vendor Name:		Bid#/CO Federal	
Name used by IRS			EIN/TIN SSN
Consultant Contract Se Officials (#:	rvices (#7) Rental Products/Equipment (#1)	Employ	Payment Fees ee Reimbursement Tax Rej milage, meals, parking, ect)
Signature: Purchase Order Primary Name	Remit to address same as PO add	fress	Send 1099 to this address
Purchase Order Primary Name (Contact)	Remit to address same as PO add	fress	Send 1099 to this address
Purchase Order Primary Name	Remit to address same as PO add		
Purchase Order Primary Name (Contact) Address	Remit to address same as PO add	State E-mail	Send 1099 to this address
Purchase Order Primary Name (contact) Address City	Remit to address same as PO add	State	
Purchase Order Primary Name (Contact) Address City Phone Fax Remit To	Remit to address same as PO add	State	Zip
Purchase Order Primary Name (Contact) Address City Phone Fax	Remit to address same as PO add	State	
Purchase Order Primary Name (contact) Address City Phone Fax Remit To Contact Name (rotate to many)	Remit to address same as PO add	State	Zip
Purchase Order Primary Name (contact) Address City Phone Fax Remit To Contact Name	Remit to address same as PO add	State	Zip
Purchase Order Primary Name (contact) Address City Phone Fax Remit To Contact Name (rithms mone) Address	Remit to address same as PO add	State E-mail	Zip Send 1099 to this address
Purchase Order Primary Name (contact) Address City Phone Fax Reenit To Contact Name (riment mone) Address City Phone	Remit to address same as PO add	State E-mail	Zip Send 1099 to this address
Purchase Order Primary Name (contact) Address City Phone Fax Reenit To Contact Name (riment mone) Address City Phone	Remit to address same as PO add	State E-mail  State E-mail	Zip Send 1099 to this address
Purchase Order Primary Name (Contact) Address City Phone Fax Remit To Contact Name (rinter to many) Address City City City City City City City City		State E-mail  State E-mail	Zip Send 1099 to this address

ay	mondville Indepen 419 FM 3168, Raymondville, T Phone: (956) 689-8175 • FAX: (956) 689	
•	Vendor Authorization/C	Change Form
Campus/ Department:		Date: zivity AccountEmployee
Vendor Name:		Bid#/CO-OP:
vendor Name.		Federal ID #:
Name used by IRS		EIN/TIN SSN
We Pay this vendor for the Section A: W-9 Required  Consultants (#/  Contract Servic  Officials (#7)		Section B: No W 9 Required  Medical Payment Fees  Employee Relimbursement [travet, milage, meals, parking, ect]
Reason:		<u> </u>
Signature:		
Purchase Order	Remit to address same as PO addre	ress Send 1099 to this address
Primary Name (Contact)		_
Address		
City		State Zip
Phone		E-mail
Fax		
Remit To		Send 1099 to this address
Contact Name (refrent from above)		
Address		
City		State Zip
Phone		E-mail
Fax		
	Business Office (	Use
Approved by:		Date:
Entered by:		1099 Vendor: YES/NO

## Why do we use a Vendor Authorization/Change Form?

- Will be using the business for the first time.
  - When obtaining quotes.
  - Best Value for the district

- Address change
- Change owner
- Vendor name changes
- Any updates or modifications to vendor



❖ Example:

Officer Herrera will be attending a new training to build her Supervisory skills being offered by FBI-LEEDA, a non-vendor with RISD.

A completed Vendor Authorization/ Change form will be submitted to the appropriate personal at RISD Business Office. W-9 is not required.



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Communi	Vend	dor Authorization/Change Form	
Campus/ Department:			Date:
New	Change	Student Activity Account	Employee

- First part of the form indicates the campus and date of request.
- NEW new vendor; never been used, no bid
- CHANGE any modification to existing vendor
- STUDENT ACTIVITY ACCT campus use
- EMPLOYEE make sure has correct spelling of name and address, no W-9 or SSN required.



Vendor Name:  Name used by IRS	Bid#/CO-OP:  Federal ID #:  EIN/TIN SSN
We Pay this vendor for the following (Check as many as applicable): Section A: W-9 Required  Consultants (#7) Repairs (#7)  Contract Services (#7) Rental Products/Equipment (#1)  Officials (#7) Other	Medical Payment  Employee Reimbursement (travel, milage, meals, parking, ect)  Fees  Tax Refund
Reason: Signature:	

- Fill in the information as the business inputted on their W-9.
- SECTION A: Make sure to check off appropriate business type.
- SECTION B: No W-9 required field.
- Remember to emphasize the reason and have the person authorized sign off before submitting form.

### Submitting a Vendor Authorization/Change Form

Purchase Order	Remit to address same as PO addre	SS	Sen	d 1099 to this address
Primary Name (Contact)				
Address				
City		State	Zip	
Phone		E-mail		
Fax				
Remit To			Sen	d 1099 to this address
Contact Name (ir diffrent from above)				
Address				
City		State	Zip	
Phone		E-mail		
Fax				

- ✓ Fill in the correct contact name and address, and fill in all boxes.
- ✓ If the shipping address is the same as billing check off same as.

### Thank You!

		/el =		
Campus/	Vendor Authorization	n/Change Form	1	
Department:	Change Student	Activity Account		Date:
		Bid#/CO-OP	:	
Vendor Name:		Federal ID #	#: <u></u>	
Name used by IRS		EII	N/TIN	SSN
We Pay this vendor for to Section A : W-9 Required Consultants (i	· <del>-</del>	Section 8: No W-9 &  Medical Pa  Employee &	vment Jeimbursem	ent Tax Refu
Reason:				
Signature:	Domit to address come or DO a	ddesec	San	d 1000 to this address
Signature: Purchase Order	Remit to address same as PO a	ddress	Sen	d 1099 to this address
Signature: Purchase Order Primary Name (Contact)	Remit to address same as PO a	ddress	Sen	d 1099 to this address
Signature: Purchase Order Primary Name (Contact)	Remit to address same as PO a	ddress State	Sen	d 1099 to this address
Signature: Purchase Order Primary Name (contact) Address	Remit to address same as PO a			d 1099 to this address
Signature: Purchase Order Primary Name (contact) Address City Phone	Remit to address same as PO a	State		d 1099 to this address
Signature: Purchase Order Primary Name (conset) Address Dity Phone Fax Remit To Contact Name	Remit to address same as PO a	State	Zip	d 1099 to this address
Signature: Purchase Order Primary Name (conset) Address Dity Phone Fax Remit To Contact Name	Remit to address same as PO a	State	Zip	
Signature: Purchase Order Primary Name (contact) Address Sity Phone Fax Remit To Contact Name (contact) Address	Remit to address same as PO a	State	Zip	
Signature: Purchase Order Primary Name (context) Address City Phone Fax Remit To Contact Name (reference many) Address City Contact Name (reference many)	Remit to address same as PO a	State E-mail	Zip	
Signature: Purchase Order Purchase Order (Contect) (Contect) Address Lity Phone Fax Remit To Cortact Name (Frimer to result Corty Phone Cortact Name (Frimer to result Corty Phone Phone	Remit to address same as PO a	State E-mail	Zip	
Signature: Purchase Order Purchase Order (Contect) (Contect) Address Lity Phone Fax Remit To Cortact Name (Frimer to result Corty Phone Cortact Name (Frimer to result Corty Phone Phone	Remit to address same as PO a	State E-mail  State  E-mail	Zip	
Signature: Purchase Order Primary Name		State E-mail  State  E-mail	Zip	