



**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.



Vendor Authorization/Change Form

Campus/Department: _____ Date: _____

New Change Student Activity Account Employee

Vendor Name:	Bid# / CO-OP: _____	
Name used by IRS:	Federal ID #: _____	
	<input type="checkbox"/> EIN/TIN	<input type="checkbox"/> SSN

<small>Section A: W-9 Required</small>		<small>Section B: No W-9 Required</small>	
<input type="checkbox"/> Consultants (R7)	<input type="checkbox"/> Repairs (R7)	<input type="checkbox"/> Medical Payment	<input type="checkbox"/> Fees
<input type="checkbox"/> Contract Services (R7)	<input type="checkbox"/> Rental Products/Equipment (R1)	<input type="checkbox"/> Employee Reimbursement <small>(travels, mileage, meals, parking, ect)</small>	<input type="checkbox"/> Tax Refund
<input type="checkbox"/> Officials (R7)	<input type="checkbox"/> Other		

Reason: _____

Signature: _____

Purchase Order Remit to address same as PO address 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 (if different from above): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Fax: _____

Business Office Use

Approved by: _____ Date: _____

Entered by: _____ 1099 Vendor: _____ **YES/NO**

7/2015



Raymondville Independent School District

419 FM 3168, Raymondville, Texas 78180
Phone: (956) 689-8175 • FAX: (956) 689-8180 - Business Office

Vendor Authorization/Change Form

Campus/ Department: _____ Date: _____
 New Change Student Activity Account Employee

Vendor Name:		Bid# / CO-OP:	
Name used by IRS:		Federal ID #:	
		<input type="checkbox"/> EIN/TIN <input type="checkbox"/> SSN	
<small>We Pay this vendor for the following (Check as many as applicable):</small> <small>Section A: W-9 Required</small> <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"/> Other		<small>Section B: No W-9 Required</small> <input type="checkbox"/> Medical Payment <input type="checkbox"/> Fees <input type="checkbox"/> Employee Reimbursement (travel, mileage, meals, parking, ect) <input type="checkbox"/> Tax Refund	
Reason:			
Signature:			
Purchase Order		Remit to address same as PO address <input type="checkbox"/> 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 (if different 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

When do we use a Vendor Authorization/Change Form?



❖ 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.

Submitting a Vendor Authorization/Change Form



Raymondville Independent School District

419 FM 3168, Raymondville, Texas 78580
Phone: (956) 689-8175 • FAX: (956) 689-8180 – Business Office

Vendor 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.

Submitting a Vendor Authorization/Change Form

Vendor Name:		Bid#/CO-OP:	
Name used by IRS		Federal ID #:	
		<input type="checkbox"/> EIN/TIN	<input type="checkbox"/> SSN
Types of Business	We Pay this vendor for the following (Check as many as applicable): 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"/> Other	
		Section B: No W-9 Required	
		<input type="checkbox"/> Medical Payment	<input type="checkbox"/> Fees
		<input type="checkbox"/> Employee Reimbursement (travel, milage, meals, parking, ect)	<input type="checkbox"/> 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 address		<input type="checkbox"/> Send 1099 to this address	
Primary Name (contact)				
Address				
City		State		Zip
Phone		E-mail		
Fax				
Remit To			<input type="checkbox"/> Send 1099 to this address	
Contact Name (if different 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!



Raymondville Independent School District

419 FM 3168, Raymondville, Texas 78580
 Phone: (361) 609-8178 • FAX: (361) 609-8380 - Business Office

Vendor Authorization/Change Form

Campus/ Department: _____ Date: _____
 New Change Student Activity Account Employee

Vendor Name: _____		Bid#/CO-OP: _____	
Name used by IRS: _____		Federal ID #: _____	
		<input type="checkbox"/> EIN/TIN <input type="checkbox"/> SSN	
<small>We Pay this vendor for the following (Check as many as applicable):</small> <small>Section A - W-9 Required</small>			
<input type="checkbox"/> Consultants (#7) <input type="checkbox"/> Contract Services (#7) <input type="checkbox"/> Officials (#7)		<small>Section B - No W-9 Required</small> <input type="checkbox"/> Repairs (#7) <input type="checkbox"/> Rental Products/Equipment (#1) <input type="checkbox"/> Other	
		<input type="checkbox"/> Medical Payment <input type="checkbox"/> Fees <input type="checkbox"/> Employee Reimbursement (travel, mileage, meals, parking, ect) <input type="checkbox"/> Tax Refund	
Reason: _____			
Signature: _____			
Purchase Order		Remit to address same as PO address <input type="checkbox"/> Send 1099 to this address	
Primary Name (contact) _____			
Address _____			
City _____		State _____	Zip _____
Phone _____		E-mail _____	
Fax _____			
Remit To		<input type="checkbox"/> Send 1099 to this address	
Contact Name (please forward) _____			
Address _____			
City _____		State _____	Zip _____
Phone _____		E-mail _____	
Fax _____			
Business Office Use			
Approved by: _____		Date: _____	
Entered by: _____		1099 Vendor: <input type="checkbox"/> YES/NO	