



New Vendor Request/Change Form

Campus/
Department: _____

Date: _____

☐ **New**

☐ **Change**

☐ **Employee**

Vendor Name (dba):		Purchasing Method:	
Name used by IRS (line 1)		Federal ID#: _____ ☐ EIN/TIN ☐ SSN	
<i>We Pay this vendor for the following (Check as many as applicable):</i> Section A: W-9 Required ☐ Consultants (#7) ☐ Repairs (#7) ☐ Contract Services (#7) ☐ Rental Products/Equipment (#1) ☐ Officials (#7) ☐ Scholarships (#7)		Section B: W-9 Required ☐ Other ☐ Medical Payment ☐ Fees, Dues ☐ Memberships ☐ Tax Refund ☐ Hotel	
Reason:			
Administrator or Campus/Department Designee Signature:			
Purchase Order	☐ Remit to address same as PO address	☐ Send 1099 to this address	
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:		Debarment:	YES/NO
Entered by:		1099 Vendor:	YES/NO