

**Columbia Public Schools
VENDOR SETUP / CHANGE FORM**

Vendor Name: _____
(Name federal identification number is registered under)

D.B.A. Name: _____

Is this business owned wholly or partially by any Columbia Public Schools' employee? If yes, please list full name of employee: _____

Purchase Order Address (as should appear on purchase order):

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Zip _____ **City** _____ **State** _____

Remit To Address (for payment, if different from above):

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Zip _____ **City** _____ **State** _____

Phone Number: _____ **Fax Number:** _____

Contact Name: _____

Email Address: _____

Web URL: _____

Please check all that apply:

☐ Minority-Owned	☐ Woman-Owned
☐ Small Business	☐ HUB
☐ Local Business	☐ Disabled Veteran
☐ Section 8A	

**** A W-9 COMPLETED BY THE VENDOR MUST BE ATTACHED ****
(Vendors will not be set up or changed without a completed W-9)

Any account under our Tax ID #43-6000318 must have the billing address as: Columbia Public Schools, Accounts Payable, 1818 W. Worley St., Columbia, MO 65203. The "Ship To" address for orders should be the "Ship To" address printed on our purchase order that you receive. All invoices must include our approved purchase order number.