

ADD / CHANGE / INACTIVATE VENDOR INFORMATION FORM

TO REQUESTOR: This form requires correct data in all fields. Incomplete forms will be returned. Please email, fax, or mail to Purchasing. All vendors no exceptions. **MUST** have a completed W-9 attached before a vendor number is issued.

INACTIVATE : Vendor # _____ Cross-reference vendor # _____

ADD: Yes No FOR OFFICE USE ONLY: Vendor # _____

- | | |
|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Non-Public/Parochial |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Parent |
| <input type="checkbox"/> School Employee | <input type="checkbox"/> Sole Proprietor |

CHANGE: Vendor # _____

VENDOR INFORMATION

NAME (official name from W-9) _____

d/b/a (business name if different than above) _____

MAILING STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE# _____ FAX# _____

TAX ID# _____ SSN# _____

EMAIL: _____

Office Use Only

VENDOR NAME SORT (if different than the vendor name) _____

REMIT INFORMATION (Accounting Use Only)

NAME (official name from W-9) _____

d/b/a (business name if different than above) _____

MAILING STREET ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

Requested by: _____ Extension _____ Date: _____

Director of Procurement: _____ Date: _____

Accounting Supervisor: _____ Date: _____

Director of Finance: _____ Date: _____

OFFICE USE ONLY: FLAG FOR 1099: YES NO
