

Vendor Request / Change Form

New Vendor Request

Vendor Number Assigned: _____

Vendor Name: _____

Vendor Address: _____

Briefly describe the vendor activity: _____

W-9 Enclosed ___Y, ___N (This form will not be accepted without the completed W-9 Form.)

1099 Needed ___Y, ___N

Vendor Changes

Vendor Number: _____

Vendor Name: _____

Vendor Address: _____

Vendor Name Correction and/or Change: _____

Vendor Address Correction and/or Change: _____

Authorized Signature

Date

Department

FOR AUDITOR'S OFFICE USE ONLY

Deputy Auditor Signature

Date