

# 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.)

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