

Vendor Set Up/Up-date

Procurement Department-Fax Number

Purpose: This form should be completed and faxed to the Procurement Department to get a new vendor number, change an existing vendor address or reactivate an inactive vendor for individuals and organizations such as those referenced below.

Instructions: Complete all areas of the form. **If non-employee please attach their W-9 for 1099 reporting.**

All sections of this vendor up-date form must be completed or it will be returned to you.

New Vendor _____ Vendor Change _____ Reactivate _____

Vendor Number _____

INDIVIDUALS:

____ EMPLOYEE ____ CROSSING GUARD ____ SCHOOL RESOURCE OFFICER

____ OFFICIAL/REFEREE ____ BAND INSTRUCTOR ____ OTHER (specify) _____

____ / ____ / ____
Social Security # (MUST BE GIVEN)

ORGANIZATIONS:

____ RESTAURANT ____ HOTEL ____ OTHER SCHOOL DISTRICT

____ UNIVERSITY/COLLEGE ____ CHURCH ____ HOSPITAL/MEDICAL CENTER ____ STATE AGENCY

____ GOVERNMENT AGENCY ____ PROFESSIONAL ORGANIZATION

____ OTHER (specify) _____

Brief description of service/item(s) to be provided: _____

-or-

Reimbursement for: _____

Vendor's mailing address: (where PO is mailed)

Vendor's remit address: (where check is mailed)
(If different)

Name: _____

Name: _____

Attention: _____

Attention: _____

Street: _____

Street: _____

PO Box: _____ Suite (if any) _____

PO Box: _____ Suite (if any) _____

City: _____

City: _____

State: _____ Zip code: _____

State: _____ Zip code _____

Telephone: (____) _____ - _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

Fax: (____) _____ - _____

Requested by _____ Date _____

Revised 09/26/2005