

SUBMIT TO: _____

Total Pages: _____

Type of Request: NEW CHANGE

ATTACH BACK-UP DOCUMENTATION TO VERIFY NAME, ADDRESS AND REMITTANCE (i.e., a copy of the invoice or a notice from vendor)

SUPPLIER/VENDOR NUMBER (provide ONLY for change or delete requests)

Previous Vendor Name/Address: (for CHANGE requests) _____

Vendor Name: _____

Office Address: _____

Remit To Address: _____

Payment Method: Check ACH/EFT Wire Transfer

ACH Address: _____

Point-of-Contact: Telephone No.: Facsimile No.: Email Address: _____

NAICS Code: DUNS No.: Parent DUNS: _____

Legal Entity (Check One): Corporation Government Partnership Interviewee Sole Proprietorship Non-Profit-Organization Foreign Other (Specify):

Classification I (Check One): Small Business Large Business 1099 Vendor: Yes No

Classification II (Check All That Apply): Small Disadvantaged WOSB/WBE Hub Zone VOSB HBCU/MI SDVOSB Jarvis-Wagner-O'Day Nat. American/Alaskan/Hawaiian MBE Ability One Org. 8(a) ANCs/Indian Tribes

Federal Tax or 1099 ID No: _____ Payment Terms: _____ Attach W-9 or 1099 Form Obtained from Supplier/Vendor or attach a copy of Section A, Part II of Instruction to Bidders if applicable.

Special Instructions: _____

(To be completed by: _____) No. Assigned: _____ By: _____

Requestor: Name, Title Signature Date

Approvals table with columns for Role (GBU, Finance, Treasury), Name/Title, Signature, and Date.