

ADD/CHANGE VENDOR FORM

* PLEASE SUBMIT COPY OF COMPLETED FORM TO ACCOUNTANT'S OFFICE FOR ENTRY *

ADD _____ CHANGE _____
PLEASE CHECK ONE (*INCLUDE VENDOR NUMBER IF CHANGE)

VENDOR NUMBER _____

ALPHA SORT _____
LAST NAME, FIRST

STATUS _____
A=ACTIVE I=INACTIVE

NAME _____
SAME AS ALPHA SORT

DBA _____
NOTE: DOES NOT APPEAR ON CHECK

ADDRESS 1 _____

ADDRESS 2 _____

CITY, STATE, ZIP _____
CITY _____ STATE _____ ZIP _____

1099 VENDOR _____
YES OR NO

1099 DEFAULT
VENDOR _____
Pick one: 4=EXPENDITURE / 7=NON EMPLOYEE COMPENSATION
*IF 7...MUST HAVE FEDERAL ID # OR SS # BELOW

FEDERAL ID # _____

SOCIAL SS # _____

REQUESTED BY _____

DATE _____