

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 _____