



NEW VENDOR REQUEST FORM

This document is fillable using Adobe Acrobat or can be printed and completed by hand.

Please complete this form and return to the business office together with a completed W9 Form for review. You will be notified via email that a vendor has been approved and input into the finance system.

Date: _____

Vendor Name: _____

Address: _____

City/Town: _____ State _____ Zip: _____

Phone: _____

Remittance Address (if different from above)

Name: _____

Address: _____

City/Town: _____ State _____ Zip: _____

Department or School: _____

Person Requesting: _____

Reason Requesting: _____

(i.e. best price for books, etc.)

Business Office Use Only

Form complete: _____

W9 included: _____

Review conducted and supporting documents attached:

Vendor code and date entered in SunGard _____ Date _____