



**Lincoln University**  
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**Purchasing Department**

1570 Baltimore Pike  
Lincoln University, PA 19352  
484-365-7240

**New Vendor Form**

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Vendor Email Address: \_\_\_\_\_

Item being requested to purchase: \_\_\_\_\_

Reason for purchase: \_\_\_\_\_

Federally Funded/Grant: (Y or N) \_\_\_\_\_ Account Number: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Dept Admin Name: \_\_\_\_\_ Extension \_\_\_\_\_

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**For Purchasing Use Only:**

W9 Attached: \_\_\_\_\_ Certificate of Liability Insurance Required: \_\_\_\_\_

Date checked Federal Debarment List: \_\_\_\_\_ Status: \_\_\_\_\_

Date checked State Debarment List: \_\_\_\_\_ Status: \_\_\_\_\_

Director of Purchasing Signature: \_\_\_\_\_

Date entered into Colleague: \_\_\_\_\_ by \_\_\_\_\_ Vendor No.: \_\_\_\_\_