



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: _____

Total: \$ _____ Account Number: _____

Requesters Name: _____ Requesters Extension _____

For Purchasing Use Only:

W9 Attached: _____ Certificate of Liability Insurance Required: _____

Date checked Federal Debarment List: _____

Date checked State Debarment List: _____

Director of Purchasing Signature: _____

Date entered into Colleague: _____ by _____ Vendor No.: _____