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**_____

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.:** _____