



New Vendor Form

Date: _____

Vendor Name: _____

Vendor Address: _____

Vendor Contact Name: _____

Vendor Contact Title: _____ Vendor Email Address: _____

Vendor Phone Number: _____ Vendor Fax Number: _____

Item being requested to purchase: _____

Reason for purchase: _____

Total: \$ _____ Budget Account Number: _____

Requester's Name / Department: _____

Dean / Director Signature: _____ Date: _____

Vice President's Signature: _____ Date: _____

For Purchasing Use Only

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

Date Requested W9: _____ Date Received W9: _____ Dept. Notified _____

Checked Federal Debarment List: _____ Yes _____ No Date Checked: _____

Checked State Debarment List: _____ Yes _____ No Date Checked: _____

Certificate of Liability Insurance Required: _____ Yes _____ No Request Date: _____