Date		



Vendor Add / Update – Information Form

Please be aware that this form is used to set up vendors in Munis and has serious tax implications attached to it. If the wrong information is provided, vendors may not receive a 1099, as required by law. It is the responsibility of the requester to check appropriate boxes below; to submit a W-9 at the time of new vendor request; and to ensure that the remit address is correctly entered on this form.

To Be filled Out By Department				
Vendor ID:	Requested by:	Phone:		
Action Required (MUST select Good	s or Services if acquiring a good o			
☐ Add New Vendor	☐ Change FEI / SSN / TIN	☐ Attorney		
☐ Additional Remittance Address	☐ SPTR (no 1099 required)	☐ Medical/Hospital		
☐ Change Legal Name	☐ Goods	☐ W-9 Submitted		
☐ Change Legal Address	☐ Services	☐ Veteran (no 1099 required)		
Vendor Name:				
DBA if Applicable:	FEI#	SSN#		
Address:				
City:	State:	Zip:		
Domit Address				
Remit Address:	a			
City:	State:	Zip:		
A / R Email:				
Contact Name:	Contact	Contact Title:		
Contact Tel:				