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## **New Vendor Request Form**

All required forms (IRS W9 or W8 and Conflict of Interest) to be completed by the vendor must be attached to the subject request.

## Form W-9:

https://www.irs.gov/pub/irs-

odf/fw9.pdf	Conflict of Interest: <a href="https://www.ethics.state.tx.us/forms/CIQ.pdf">https://www.ethics.state.tx.us/forms/CIQ.pdf</a>	
/endor Type (must check one)	Form W-8 or Certificate of Fore	eign Status
Individual/Sole Proprietor  All Corporations	All Foreign Company/Indiv	riduals
Employer Identification # or Social Security # as	provided on the Form W-9:	
Vendor Name as provided on the Form W-9 or N	N-8:	
Remittance Address as provided on the Form W	/-9 or W-8:	
Purpose for New Vendor:		
Estimated Dollar Amount \$_		
COM Employee Contact Name:		_Phone #:
COM Employee Contact Signature:		_Date:
Email Address:		_
Department Name & Department #:		
Budget Manager Approval: _ When completed, forward the req	uest and the required forms to	Date: _ the Purchasing Department.
Receiver's Signature:		Date:
Date Vendor Entered into System:	Vendor #:	Initials: