

VENDOR NUMBER REQUEST FORM

Name of Department / Division: OES Date of Request: _____

Signature of Requestor: _____ Phone Extension: 2285

Request for a Number Change to a Number (Highlight the blocks to be changed)

Vendor is an Employee (check if yes) 1099 Reportable? Yes No (check if known)

Vendor Data	PLEASE PRINT OR TYPE CLEARLY	
Vendor Number	10 Numeric Characters	
Vendor Name 1 <small>(Remit to, invoiced or DBA- Name)</small>	40 Alphanumeric Characters	
Vendor Name 2 <small>(Taxes filed or Corporate - Name)</small>	40 Alphanumeric Characters	
Pay To Address <small>(01)</small>	Address Line 1 <small>(55 Alphanumeric characters)</small>	
	Address Line 2 <small>(55 Alphanumeric characters)</small>	
	City <small>(30 Alphanumeric Characters)</small>	
	State <small>(6 Alphanumeric Characters)</small>	NY
	ZIP <small>(12 Alphanumeric Characters)</small>	

Order from Address <small>(81)</small>	Address Line 1 <small>(55 Alphanumeric characters)</small>	
	Address Line 2 <small>(55 Alphanumeric characters)</small>	
	City <small>(30 Alphanumeric Characters)</small>	
	State <small>(6 Alphanumeric Characters)</small>	
	ZIP <small>(12 Alphanumeric Characters)</small>	
Contact	<small>(40 Alphanumeric characters)</small>	
Telephone Number	<small>(10 Numeric Characters)</small>	
Fax number	<small>(10 Numeric Characters)</small>	
E-mail	<small>(40 Alphanumeric characters)</small>	
Tax ID Number <small>(Federal Tax ID number or Social Security Number)</small>	<small>(9 Numeric Characters)</small>	

Input By: _____ Input Date: _____ Vendor Number: _____