



VENDOR SET-UP REQUEST

FORM V-101

FOR NEW VENDORS OR CHANGES TO EXISTING VENDORS

The requesting department must complete this form for all new vendors or vendor updates.

****Any information omitted will delay processing****

SECTION 1. Include the requesting department and department contact:

DEPARTMENT NAME: DATE OF REQUEST:	PERSON MAKING REQUEST: PHONE NUMBER: EMAIL:
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SECTION 2. If this is a new vendor, include all of the information requested below. If an existing vendor skip to SECTION 3.

VENDOR NAME: CONTACT PERSON:	PHONE NUMBER: EMAIL ADDRESS:
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VENDOR ADDRESSES AS APPLICABLE:

Purchase Order Address (typically matches W-9):	Remittance Address (where the vendor wants payments to be mailed):
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ATTACHMENT(S):

- W-9 FORM (An IRS W-9 form must be completed and signed by the individual/vendor in order to receive payment and may be found here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- VENDOR CERTIFICATE OF INSURANCE (if vendor is providing a service on campus),
- OTHER:

SECTION 3. If this is an existing vendor, include the L# and specify the changes required:

VENDOR NAME:	VENDOR L#:
Changes required:	Changes required:

Questions should be directed to the Office of Procurement Services at procurement@lander.edu or 864-388-8276

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