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|  | 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:       |
| **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:       |
| **VENDOR ADDRESSES AS APPLICABLE:** |
| Purchase Order Address (typically matches W-9):                     | Remittance Address (where the vendor wants payments to be mailed):                     |
| **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 | Page    of    |