

**INTERNAL CONTROL FOR VENDORS, NEW AND/OR CHANGES**

DEPARTMENT Purchasing DATE SUBMITTED: \_\_\_\_\_

EMPLOYEE REQUESTING Orlando Samora

NEW: (Y/N) (please circle)

CHANGING: Y/N (please circle)

When a new vendor needs to be added or a vendor needs to be changed in the database, please provide the following:

**Current W-9** (Rev. December 2011) any other form will be rejected until the correct form is provided. This is an IRS requirement.

**Remit to Address:**

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

**Contact name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**NM CRS number:** \_\_\_\_\_



**FOR PURCHASING or FINANCE OFFICE**

**DATE ENTERED:** \_\_\_\_\_

**VENDOR NUMBER:** \_\_\_\_\_

**PERSON MAKING CHANGE:** \_\_\_\_\_