

INTERNAL CONTROL FOR VENDORS, NEW AND/OR CHANGES

DEPARTMENT _____ DATE SUBMITTED: _____

EMPLOYEE REQUESTING _____

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 2014) 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: _____

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FOR PURCHASING or FINANCE OFFICE

DATE ENTERED: _____

VENDOR NUMBER: _____

PERSON MAKING CHANGE: _____