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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](mailto:procurement@lander.edu) or 864-388-8276 | | | | Page    of |