

VENDOR and/or PAYMENT PROCESSING FORM

IRS Form W-9 Signed and Dated Within 24 Months of Request Date Must Accompany This Form

Date of Request

**Requestor Name and
Contact Information**

Department Name

*If Department not
listed, type here:*

Vendor Status

Purpose of Request

ROUTE FORM TO:

Finance | Accounts_Payable@jccal.org (Item 1 - 4 to Accounting)

Purchasing | ProcurementServices@jccal.org (Item 5 - 8 to Purchasing)

Vendor Name / **DBA**

Physical Address 1

Physical Address 2

City / State / Zip

Remit Address 1

Remit Address 2

Remit City / State / Zip

FED ID#/**SSN#** (For Vendors Only)

Sales Rep / Phone /
Cell / Fax

Contact Person / Phone/
Cell/ Fax

E-mail Address

Website Address

Vendor Type (**Required
to choose one**)

Munis Vendor No.