



ST. JOHN'S UNIVERSITY

VENDOR REQUEST FORM

Type of request:

☐

New

☐

Change (*list reason below)

Vendor Name/

Exact legal Name: _____

Name listed must be the
name on file with the IRS

Alternate (DBA) Name: _____

Vendor EIN/SSN: _____

Number must match what is on
file with the IRS

Number provided is a:

☐

EIN

☐

SSN

Type of Entity:

☐

Individual/Sole Proprietorship

☐

Partnership

☐

Corporation

☐

LLC

☐

Other

Remit to Address:

Corporate Address:

Street _____

Street _____

City/State/Zip _____

City/State/Zip: _____

Phone/Fax: _____ / _____

E-mail Address: _____

Business Reason for Request (required for new vendors only):

*Reason for Change Request:

***** W-9 forms are required for all vendors *** W-8 forms for International vendors*****

Please include a completed W-9 form for new vendor requests and vendor name changes.

Requested by:** _____

Email Address: _____

(this must be filled out in order to receive email confirmation of assigned vendor #)

Approved by (Budget Administrator):

**The Requestor can not be approver of this form.

(Name)

(Signature)

(Date)