



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)