

New Vendor Request Form

Requested vendor : Name _____

Address _____

Phone _____

Fax _____

Reason for request: _____

Anticipated frequency of use: _____

Vendor accepts purchase orders Yes ___ No ___

Requested by: _____

Supervisor approval: _____

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Treasurer's Office Use Only:

Ohio Secretary of State Business Filing Portal _____

Auditor of State Findings for Recovery Database _____

U.S. System for Award Management (SAM) Excluded Parties _____

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Treasurer approval: _____

New vendor # _____ Entered in USAS _____

W-9 date requested _____