

VENDOR REQUEST FORM

Date: _____

Coalition: _____

Vendor or Individual Information

Individual Name or Company Name _____

Street Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Please Select which Method of Payment you prefer

☐ Check

○ Make Check Payable To: _____

○ Please Remit Checks To (Physical Address):

☐ Electronic Funds Transfer – Not applicable for travel reimbursements

○ Name on Individual's Bank Account: _____

○ Bank Name: _____

○ Routing Number: _____

○ Accounting Number: _____

○ E-mail Address for Remittance Details: _____

W-9 Requirement

☐ W-9 must be completed and returned – This is not required for individuals.

Comments: _____

