

# 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
- o Make Check Payable To: \_\_\_\_\_
  - o Please Remit Checks To (Physical Address):  
\_\_\_\_\_  
\_\_\_\_\_

- Electronic Funds Transfer – **Not applicable for travel reimbursements**
- o Name on Individual's Bank Account: \_\_\_\_\_
  - o Bank Name: \_\_\_\_\_
  - o Routing Number: \_\_\_\_\_
  - o Accounting Number: \_\_\_\_\_
  - o E-mail Address for Remittance Details: \_\_\_\_\_

### W-9 Requirement

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_