

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: _____

