

NEW VENDOR REQUEST

Route this form to :

Vendorsetuprequest@Howard.edu

VENDOR AUTHORIZATION/CHANGE FORM

This form is to be completed by University Employees Only

Use this form for Howard University vendors that do not qualify as single payment vendors. A vendor signed W-9/W-8 BEN vendor name, tax ID, type of business, type of purchase/payment, PO address and requestor information are required for all new vendor setups.

☐ NEW

☐ CHANGE

VENDOR #: _____ DATE: _____

VENDOR NAME:		DUNS#:	
Name used by IRS (if different from above)		FEDERAL TAX ID #:	
		<input type="radio"/> TIN/EIN	<input type="radio"/> SSN
		<input type="radio"/> ITIN	<input type="radio"/> No SSN/TIN
Description of Services/Reason for Payment(Required):			
Type of Purchase/Payment			
<input type="radio"/> Goods <input type="radio"/> Services <input type="radio"/> Contractor <input type="radio"/> Consultant <input type="radio"/> Temporary Staffing <input type="radio"/> Other _____			
PURCHASE ORDER		<input type="radio"/> REMIT to address same as PO address <input type="radio"/> Send 1099 to this address	
Primary Name			
Address			
City		State	Zip
Foreign Province		Country	
Contact Name		Email	
Phone			
Remit To			
Address			
City		State	Zip
Foreign Province		Country	
Contact Name		Email	
Phone		Fax	
University Contact (required) – Email notification of vendor set up will be sent to this contact			
Name		Phone	
Department		Fax	
E-mail to notify of completed vendor set-up			
QUESTIONNAIRE:			
Is there an existing vendor that may offer similar goods/services? <input type="radio"/> YES <input type="radio"/> NO			
Is this a replacement product? If Yes, product being replaced _____ <input type="radio"/> YES <input type="radio"/> NO			
Have goods been delivered or services rendered? <input type="radio"/> YES <input type="radio"/> NO			
Office of Procurement & Contracting use only			
EXCLUDED PARTIES <input type="radio"/> YES <input type="radio"/> NO		BUYER SIGNATURE _____ DATE _____	
Approval Signature _____		Date Signed _____	