

MISSION C.I.S.D. VENDOR MASTER FORM

VENDOR STATUS (CHECK ONE)

NEW

CHANGE

DELETE

REINSTATE

VENDOR NUMBER _____

MAIL PAYMENTS TO:

NAME: _____

DBA: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE _____ FAX: _____

ORDERING SUPPLIES/SERVICES FROM:

NAME: _____

DBA: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

ISSUE 1099? (CHECK ONE) YES NO

FEDERAL IDENTIFICATION NO: _____
(NINE DIGITS)

IS THIS AN EMPLOYEE? (CHECK ONE) YES NO

or SOCIAL SECURITY: _____

If this SSN belongs to a company, the Vendor name should be listed as the holder of the SSN, and the company name should be listed as DBA.

CAMPUS/DEPARTMENT NAME: _____

REQUESTED BY/EXTENSION: _____

PURCHASING APPROVAL: _____

PURPOSE FOR NEW VENDOR:

BID NUMBER: _____

1. Complete form in its entirety. Form will be sent back if incomplete.
2. An IRS W-9 form, completed by vendor, must be submitted along with this form.
3. Both forms must be typed. Forms will be sent back if not typed.
4. Submit both forms to the purchasing department.