

Vendor ID #: \_\_\_\_\_

BRC #: \_\_\_\_\_

\_\_\_\_ **NEW VENDOR REQUEST FORM**  
\_\_\_\_ *or*  
\_\_\_\_ **VENDOR CHANGE FORM**

Requesting Department: \_\_\_\_\_

PURCHASE ORDER ADDRESS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

REMITTANCE ADDRESS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Vendor Usage Type: \_\_\_\_\_

- 1-Provides a Service & Products
- 2-Provides only Products, Materials, Etc.
- 3-Rentals-all types:Equipment,Office,Etc.
- 4-Medical Services, Physicians, Hospitals, Etc.
- 5-Employee Reimbursements
- 6-Volunteer Service Reimbursements
- 7-Estate Reimbursement
- 8-Legal Services
- 9-One Time Vendor
- 10-O.J.T. Reimbursement (CCOET)
- 11-Other (Fill in description as needed)