

\_\_\_\_\_ **NEW VENDOR REQUEST**

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

\_\_\_\_\_ **VENDOR CHANGE**

**NJ BRC #:** \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone extension: \_\_\_\_\_

**PURCHASE ORDER ADDRESS:**

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

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

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

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

**REMITTANCE ADDRESS:** (if different from above)

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

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

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

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

Company Contract Person: \_\_\_\_\_

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

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

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 (CCDWD)
- 11 – Other (Fill in description as needed)