



VENDOR REQUEST FORM

This form is to be completed by the requesting department. This form should accompany all W-9 forms that are submitted to the Department of Finance (Purchasing).

PROSPECTIVE VENDOR INFORMATION	
Vendor's Name/Company:	Address:
Is this prospective vendor a current City of Little Rock employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach approval from the City Manager.	Telephone:
SSN/Federal Employee ID Number/Individual Taxpayer ID Number:	Email Address:
Check appropriate box:	
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Non-Employee Travel
<input type="checkbox"/> Other _____	
Minority Status (if applicable)	Minority Certification Status (if applicable)
<input type="checkbox"/> African American Owned	<input type="checkbox"/> Certified
<input type="checkbox"/> Women Owned	<input type="checkbox"/> Certifying Entity _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Certification Number _____
Briefly describe the nature of the service to be provided or provide the reason or explanation the individual should be set up as vendor (i.e. reimbursement, non-employee travel, etc.).	
Period of Service:	Will this prospective vendor provide a one-time service or will the service be recurring and/or intermittent?
Start Date: / /	<input type="checkbox"/> One-Time Service
End Date: / / Other: _____	<input type="checkbox"/> Recurring and/or Intermittent
Payment Terms:	
DEPARTMENT INFORMATION	
Department:	Division:
Signature of Departmental Representative with responsibility for service to be provided	
Job Title	Date
FINANCE DETERMINATION	
<input type="checkbox"/> This prospective vendor is not an individual and/or sole proprietor and is approved to be set up as a vendor.	Vendor Class: _____
<input type="checkbox"/> This prospective vendor should be evaluated further, this form will be forwarded to the Department of Human Resources for final determination.	Income Code: _____
Reviewed by:	
Finance Representative	Date
HUMAN RESOURCES DETERMINATION	
<input type="checkbox"/> This individual/sole proprietor is approved to set up as a vendor.	
<input type="checkbox"/> This prospective vendor should be evaluated further, please complete the Employee/Independent Contractor Form. Return to Human Resources.	
Reviewed by:	
Human Resources Representative	Date