



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"/> Reimbursement |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Employee Travel |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Trust/Estate | <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 | | |
| Vendor Class: Income Code: | | |
| <input type="checkbox"/> This prospective vendor is approved to be set up as a vendor. | | |
| <input type="checkbox"/> This service has been pre-determined to be treated as an independent contractor. (i.e. officials, umpires) | | |
| <input type="checkbox"/> This prospective vendor should be evaluated further, this form will be forwarded to the Department of Human Resources for final determination. | | |
| 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 individual/sole proprietor is NOT approved to set up as a vendor. | | |
| <input type="checkbox"/> This prospective vendor should be evaluated further, please complete the Employee/Independent Contractor Form and return to Human Resources. | | |
| Reviewed by: | | |
| Human Resources Representative | | Date |