



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:									
<p>Check appropriate box:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual/Sole Proprietor</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Reimbursement</td> </tr> <tr> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Non-Employee Travel</td> </tr> <tr> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Trust/Estate</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<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 _____
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<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Other _____								
Minority Status (if applicable) <input type="checkbox"/> African American Owned <input type="checkbox"/> Women Owned <input type="checkbox"/> Other _____	Minority Certification Status (if applicable) <input type="checkbox"/> Certified <input type="checkbox"/> Certifying Entity _____ <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 (Permanency of the Relationship): Start Date: / / End Date: / / Other: _____ Payment Terms:	Will this prospective vendor provide a one-time service or will the service be recurring and/or intermittent? <input type="checkbox"/> One-Time Service <input type="checkbox"/> Recurring and/or Intermittent Do you provide this service to anyone other than the City of Little Rock? <input type="checkbox"/> YES <input type="checkbox"/> NO									
DEPARTMENT INFORMATION										
Department:	Division:									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature of Departmental Representative with responsibility for service to be provided</td> <td style="width: 25%; border-bottom: 1px solid black;">Job Title</td> <td style="width: 25%; border-bottom: 1px solid black;">Date</td> </tr> </table>		Signature of Departmental Representative with responsibility for service to be provided	Job Title	Date						
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FINANCE DETERMINATION										
<input type="checkbox"/> This prospective vendor is approved to be set up as a vendor.	Vendor Class: _____									
<input type="checkbox"/> This service has been pre-determined to be treated as an independent contractor. (i.e. officials, umpires)	Income Code: _____									
<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									