



# 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).

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| <b>PROSPECTIVE VENDOR INFORMATION</b>   |  |
| Vendor's Name/Company:  | Address:   |
| Is this prospective vendor a current City of Little Rock employee? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please attach approval from the City Manager.  | Telephone:   |
| SSN/Federal Employee ID Number/Individual Taxpayer ID Number:   | Contact:   |
|   | Email Address:   |
| <b>Check appropriate box:</b><br><input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Reimbursement<br><input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Employee Travel<br><input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other _____ |  |
| <b>Minority Status (if applicable)</b><br><input type="checkbox"/> African American Owned<br><input type="checkbox"/> Women Owned<br><input type="checkbox"/> Other _____   | <b>Minority Certification Status (if applicable)</b><br><input type="checkbox"/> Certified<br><input type="checkbox"/> Certifying Entity _____<br><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.).   |  |
| <b>Period of Service (Permanency of the Relationship):</b><br>Start Date:    /    /<br>End Date:    /    /      Other: _____<br><b>Payment Terms:</b>   | <b>Will this prospective vendor provide a one-time service or will the service be recurring and/or intermittent?</b><br><input type="checkbox"/> One-Time Service <input type="checkbox"/> Recurring and/or Intermittent<br><b>Do you provide this service to anyone other than the City of Little Rock?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO |

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| <b>DEPARTMENT INFORMATION</b>  |           |
| Department:  | Division: |
| <hr/> Signature of Departmental Representative with responsibility for service to be provided      Job Title      Date |           |

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|--|---------------|--------------|
| <b>FINANCE DETERMINATION</b>   | Vendor Class: | Income Code: |
| <input type="checkbox"/> This prospective vendor is approved to be set up as a vendor.<br><input type="checkbox"/> This service has been pre-determined to be treated as an independent contractor. (i.e. officials, umpires)<br><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         |

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|---|--|
| <b>HUMAN RESOURCES DETERMINATION</b>  |  |
| <input type="checkbox"/> This individual/sole proprietor is approved to set up as a vendor.<br><input type="checkbox"/> This individual/sole proprietor is NOT approved to set up as a vendor.<br><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  |  |



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