



# 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).

<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 If yes, please attach approval from the City Manager.	Telephone:
SSN/Federal Employee ID Number/Individual Taxpayer ID Number:	Email Address:
<b>Check appropriate box:</b> <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 _____	
<b>Minority Status (if applicable)</b> <input type="checkbox"/> African American Owned <input type="checkbox"/> Women Owned <input type="checkbox"/> Other _____	<b>Minority Certification Status (if applicable)</b> <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.).	
<b>Period of Service (Permanency of the Relationship):</b> Start Date:     /     / End Date:       /     /     Other: _____ Payment Terms:	<b>Will this prospective vendor provide a one-time service or will the service be recurring and/or intermittent?</b> <input type="checkbox"/> One-Time Service <input type="checkbox"/> Recurring and/or Intermittent <b>Do you provide this service to anyone other than the City of Little Rock?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DEPARTMENT INFORMATION</b>	
Department:	Division:
_____ Signature of Departmental Representative with responsibility for service to be provided	_____ Job Title
_____ Date	
<b>FINANCE DETERMINATION</b>	
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
<b>HUMAN RESOURCES DETERMINATION</b>	
<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