



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) <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: _____ Will this service have a total cost of \$5,000 or more? <input type="checkbox"/> YES <input type="checkbox"/> NO 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: _____
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 _____