

**Fairfield County Auditor Finance Office
Vendor Request and Change Form**

Check One: NEW VENDOR _____
CURRENT VENDOR _____ **Name Change:** _____ **Address Change:** _____

To Be Completed by Requesting Department

Requesting Department: _____ **Vendor Number:** _____
(leave blank if requesting new vendor)

Vendor Name: _____

New Vendor Name (if applicable): _____

	<u>Corporate Address</u>	<small>(if different from Corporate Address)</small> <u>Remittance Address</u>
Current Address:	_____ Street Address (If there is a P.O. Box, you must provide a telephone number below)	_____ Street Address
	_____ City, State, Zip	_____ City, State, Zip
Address Change:	_____ Street Address (If there is a P.O. Box, you must provide a telephone number below)	_____ Street Address
	_____ City, State, Zip	_____ City, State, Zip
Phone Number:	_____	_____
TIN No.	_____ Employer/Tax Identification Number	

Please Note: In order to comply with IRS reporting requirements, all new vendor and vendor changes must include an original and signed **W-9 Form** accompanying this request. Without this documentation, this request will not be accepted.

Briefly describe the vendor activity: _____

To Be Completed by the Department Requesting the Vendor Change

By signing this request, employees affirm they have evaluated any potential related party relationships and transactions.
This form will be returned without authorized signatures.

Authorized Signature: _____ **Date Requested:** _____

Supervisory Signature: _____

To Be Completed by Deputy Auditor

Form 1099 Code: _____ **Date Keyed:** _____

Deputy Auditor Signature: _____