

# Vendor Maintenance Form

Vendor ID: \_\_\_\_\_

Form Date: \_\_\_\_\_

## Action:

<u>New Vendor</u>	<u>Existing Vendor</u>		
	Update Mailing Address	Name Change (Same EIN)	Facility Closure
	Update Business Address	Ownership Change (Same EIN)	New EIN (See New Vendor )
	Update Banking Information	Update Vendor Status to Inactive	

## Vendor Profile:

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Billing Terms: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Entity Type: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Procurement Method: \_\_\_\_\_ Goods or Services Provided: \_\_\_\_\_ Vendor Type: \_\_\_\_\_

Contract Required?: \_\_\_\_\_

Minority Owned Business (Check All That Apply):

Minority-Owned Business    
  LGBTQ Owned Business    
  Woman Owned Business    
  Veteran Owned Business    
  State Contract

## Goods or Services Provided

Please provide a brief description of product/services and attached relevant supporting documentation with the Vendor Maintenance Form.

## Documentation:

<u>New Vendor:</u>	<u>Updated Vendor Profile:</u>	<u>Updated Banking:</u>	<u>Status Change:</u>	<u>Facility Closure:</u>
Direct Deposit Auth.	Independent Verification	Direct Deposit Auth.	Vendor Activity Report	Request
Independent Verification	MIP Search	Independent Verification	Vendor Info Report	Vendor Info Report
Insurance Certificate	Request	MIP Search		Effective Date:
MIP Search	Vendor Info Report	Request		Five Years Records
Request	W9	Vendor Info Report		Submitted on:
SAM Results		Voided Check Copy		
Sunbiz Results				
Vendor Info Report				
Voided Check Copy				
W9				

## Authorization:

Prepared By: Purchasing and Procurement _____  Reviewed By: Controller _____	Approved By: _____  Chief Administrative Officer                      Date
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